

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000037678

1. Entity Name
DESIGNER MULCH, INC.



Principal Place of Business

ONE RIVERWAY, SUITE 1400
HOUSTON, TX 77056 US

Mailing Address

ONE RIVERWAY, SUITE 1400
HOUSTON, TX 77056 US

FILED
Mar 28, 2008 08:00 AM
Secretary of State



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0830906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SCARNOR, JOSEPH J
STREET ADDRESS	ONE RIVERWAY STE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	VP
NAME	MITCHELL, KEVIN D
STREET ADDRESS	ONE RIVERWAY STE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	VP
NAME	EWELL, DAVID C
STREET ADDRESS	ONE RIVERWAY, STE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	DVT
NAME	FATJO, TOM J III
STREET ADDRESS	ONE RIVERWAY, STE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	VPAS
NAME	CASALINOVA, CHARLES A
STREET ADDRESS	ONE RIVERWAY, STE 1400
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	VPAS
NAME	PAXTON, MICHAEL L
STREET ADDRESS	ONE RIVERWAY, STE 1400
CITY-ST-ZIP	HOUSTON, TX 77056

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin Mitchell Kevin Mitchell 3.24.08 713 292 2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #