## 2008 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Apr 09, 2008 08:00 All Secretary of State **DOCUMENT # P99000041035** 1. Entity Name DECKER'S LAWN & LANDSCAPING, INC. Principal Place of Business Mailing Address 3100 1/2 SO. CANAL DR. 3100 1/2 SO. CANAL DR. PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 04062008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3571591 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DECKER, MARTIN J DO NOT WRITE 3100 1/2 SO, CANAL DR. PALM HARBOR, FL 34684 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Bo FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 Unananggarasa OFFICERS AND DIRECTORS 10. 04/21/08-80027-023 150.00 MILE DECKER, MARTIN J NAME 3100 1/2 SO, CANAL DR. STREET ADDRESS CITY-ST-ZIE PALM HARBOR, FL 34684 TITLE DECKER, DENISE A NAME 3100 1/2 SO. CANAL DR. STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34684 IM F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier enjoyate 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 are true and that my name appears in Block 10 or Block 11 if changed, or on an attachment

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CE OF SIGNING OFFICER OR DIRECTO