2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2007 08:00 AM Secretary of State

| ANNUAL REPORT | | | _ Secretary of Sta | | |
|---|---|-----------------------------------|---|---|--|
| DOCUMENT # S04686 1. Entity Name BAYSHORE LANDSCAPE & NURSERY INC. | | | | v | |
| Principal Place of Business M.M. 27 RAMROD KEY, FL 33042 US | Mailing Address P.O. BOX 430649 BIG PINE KEY, FL 33043 US | | 14 60 01 0 070 0 460 4070 0411 | RINK OTOK OKRA JIGH RANK ORNIKAN KAUBA | |
| | IN THIS SPACE | 02222007 4. FEI Numb 65-022 | No Chg-P | CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MONTAGANO, DAVID MILE MARKER 27 RAMROD KEY, FL 33042 | | | NOT WI | | |
| The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature: hyped or printed name of registered agent | | or registered agent, or but | oth, in the State of Flor | ida I am familiar with, and accept | |
| Actor may 17 2007 100 Will bu 400000 | | \$5.00 May Be Added to Fees | U00000 03/29/07- | 674128 80057-007 150. <u>00</u> | |
| TITLE PD MONTAGANO, DAVID STREET ADDRESS M/M 27 CITY-ST-ZIP RAMROD KEY, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | JIHECTORS | _ | NOT WI | • | |
| NAME STREET ADDRESS | j | | | | |

12. I hereby certify that the information applied 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 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 of truefee 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 addition, with all other like empowered.

SIGNATURE: A

MATABALLE DAVID MO. LAGANO. D.

3/16/07

305-872-2554