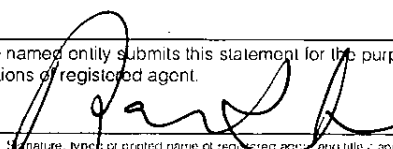


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

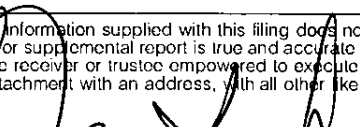
FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90071 036 ***158.75

DOCUMENT # 569276 1. Entity Name LANDMARK NURSERY, INC.					
Principal Place of Business 853 EAST LAKE RD S TARPON SPRINGS FL 34689			Mailing Address 853 EAST LAKE RD S TARPON SPRINGS FL 34689		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3104567 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent DUQUESNAY, MARK 853 EAST LAKE RD S TARPON SPRINGS FL 34689			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  MARK DUQUESNAY 5/24/07 Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when restoring)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUQUESNAY, MARK 4997 KILKENNEY WAY OLDSMAR FL 34677	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR DUQUESNAY DARIEN 4997 KILKENNEY WAY OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRIS, GLENN 1204 JACKSON ROAD CLEARWATER FL	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

 **MARK DUQUESNAY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Anytime Phone #