


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90077 003 \*\*\*150.00

**DOCUMENT # L68862**  
1. Entity Name  
**CRICKET CREEK LANDSCAPING, INC.**



Principal Place of Business  
**16318 E. EDINBURGH DR.  
LOXAHATCHEE FL 33470  
US**

Mailing Address  
**16318 E EDINBURGH DR  
LOXAHATCHEE FL 33470**

20007047



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2995499** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DONKIN, CANDIS B.  
16318 EDINBURGH DR.  
LOXAHATCHEE FL 33470**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONKIN, JONATHAN C.	
STREET ADDRESS	16318 EDINBURGH DR.	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONKIN, JONATHAN C	
STREET ADDRESS	16318 EDINBURGH DR.	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONKIN, CANDIS B	
STREET ADDRESS	16318 EDINBURGH DR.	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGER, JEFFREY A	
STREET ADDRESS	6357 BLUE BAY CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Candis B. Donkin* **CANDIS B. DONKIN 28 JAN 05 561-795-0770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #