


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

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



03172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 _____
Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DONKIN, JONATHAN C
STREET ADDRESS	16318 EDINBURGH DR.
CITY-ST-ZIP	LOXAHATCHEE FL,
TITLE	D
NAME	DONKIN, CANDIS B
STREET ADDRESS	16318 EDINBURGH DR.
CITY-ST-ZIP	LOXAHATCHEE FL,
TITLE	D
NAME	BURGER, JEFFREY A
STREET ADDRESS	6357 BLUE BAY CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000528802
05/05/06-80052-014 150.00

**DO NOT WRITE
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: Candis B. Donkin 22 MAR 06 561-795-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 CANDIS B. DONKIN