

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 23, 2006  
Secretary of State

DOCUMENT# P01000064414

Entity Name: PROPECT LANDSCAPING, INC.

**Current Principal Place of Business:**

1435 E LIBBY DR  
W PALM BCH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1435 E LIBBY DR  
W PALM BCH, FL 33406

**New Mailing Address:**

FEI Number: 65-1118299     FEI Number Applied For ( )     FEI Number Not Applicable ( )     Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMOS, GREGG  
1435 E LIBBY DR  
W PALM BCH, FL 33406     US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COMOS, GREGG  
Address: 1435 E LIBBY DR  
City-St-Zip: W PALM BCH, FL 33406

Title: D ( ) Delete  
Name: COMOS, JAN  
Address: 1435 E LIBBY DR  
City-St-Zip: W PALM BCH, FL 33406

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGG COMOS

D

04/23/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date