

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000084196
 1. Entity Name
WEST FLORIDA LANDSCAPE MAINTENANCE, INC.



Principal Place of Business Mailing Address
12326 HICKS RD **PO BOX 2311**
HUDSON, FL 34669 **PALM HARBOR, FL 34682**

DO NOT WRITE IN THIS SPACE



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
52-2336028 Not Applicable

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

6. Name and Address of Current Registered Agent
SLONE, PHILIP
12326 HICKS RD
HUDSON, FL 34669

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

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	DPVS
NAME	SLONE, PHILIP
STREET ADDRESS	12326 HICKS RD
CITY-ST-ZIP	HUDSON, FL 34669
TITLE	T
NAME	SLONE, PHILIP
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TITLE	
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TITLE	
NAME	
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CITY-ST-ZIP	

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UD0000517088
 05/01/06-80032-005 150.00

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 807, 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 links empowered.

SIGNATURE: Phillip Slone **4/10/06** **727 856 7751**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #