2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State
03-27-2006 90260 031 ***150.00

DOCUMENT # P01000105551

1. Entity Name

FLORIDA FOUNTAIN AND LAWN ORNAMENTS, INC.

Principal Place of Business	Mailing Address
1815 E. MAIN STREET LEESBURG FL 34748	POST OFFICE BOX 585 EUSTIS FL 32727-0585

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
	1815 US HWY 441
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Leesburg FL
Zip / Country	Zip: 34748 / Country: USA

4. FEI Number 59-3757100 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ENGELKING, MERL 1815 E. MAIN STREET LEESBURG FL 34748	Name: Merl EngelKing Street Address (P.O. Box Number is Not Acceptable): 1815 US HWY 441 City: Leesburg FL Zip Code: 34748

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 Cynthia EngelKing [signature] 3-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ENGELKING, MERL 1815 E. MAIN STREET LEESBURG FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete ENGELKING, CYNTHIA 1815 E. MAIN STREET LEESBURG FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Cynthia EngelKing [signature] 3-10-06 352-728-8448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #