


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90021 014 ***150.00

DOCUMENT # P02000052577

1. Entity Name
PRIDE LAWN AND POOL MAINTENANCE, INC.



Principal Place of Business
**3 WOODWARD LANE
 PALM COAST, FL 32164-7902**

Mailing Address
**3 WOODWARD LANE
 PALM COAST, FL 32164-7902**

2. Principal Place of Business
164 LARAMIE ROAD
 Suite, Apt. #, etc.

3. Mailing Address
164 LARAMIE ROAD
 Suite, Apt. #, etc.

City & State
PALM COAST

City & State
PALM COAST

Zip
32137 Country

Zip
32137 Country

02232006 Chg-P CR2E034 (11/05)

4. FEI Number
02-0576039

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SANHUDO, FRANK
 3 WOODWARD LANE
 PALM COAST, FL 32164-7902**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
164 LARAMIE DRIVE

City **PALM COAST** FL Zip Code **32137**

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, 2006 Fee will be \$550.00

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 SANHUDO, FRANK 3 WOODWARD LANE PALM COAST, FL 321647902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 164 LARAMIE DRIVE PALM COAST FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAVIN-SANHUDO, MARIA 3 WOODWARD LANE PALM COAST, FL 321647902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 164 LARAMIE DRIVE PALM COAST, FL 32137
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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: _____ Date **3-12-06** Daytime Phone # _____
Signature and typed or printed name of signing officer or director