CHAVEZ BROTHERS LANDSCAPING, INC.

2006 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P03000118703

Principal Place of Business

516 MARION AVE DUNEDIN, FL 34698

1. Entity Name

Mailing Address

516 MARION AVE DUNEDIN, FL 34698

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



DO NOT WRITE IN THIS SPACE

No Chg-P 03042006 CR2E034 (11/05)

4. FEI Number Applied For 20-0366269 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAVEZ, FRANCISCO N 516 MARJON AVE DUNEDIN, FL 34698

changed, or on an attachment with an address

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Squature, 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		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10,	OFFICERS AND DIREC	TORS		The same of the sa
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAVEZ, FRANK 516 MARION AVENUE DUNEDIN, FL 34698		- 	05/05/06-80105-014 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAVEZ, STEPHANIE 516 MARION AVENUE DUNEDIN, FL 34698			
title name street address city-st-zip			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP			* * ; * · * *	· .
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 another home my address, with all other like empowered.				

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR