

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-10-2006 90308 047 ***150.00

DOCUMENT # P05000090096

1. Entity Name

PICTURE PERFECT LANDSCAPES, INC.



Principal Place of Business

135 DAISEY STREET
 EASTPOINT FL 32328

Mailing Address

POST OFFICE BOX 813
 EASTPOINT FL 32328

00016304



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

City & State

4. FEI Number

20-35005510

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TOPHAM, DOUGLAS J
 135 DAISEY STREET
 EASTPOINT FL 32328

Name

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

City

FL

Zip Code

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, the registered agent.

SIGNATURE

(Signature of Douglas J. Topham)

(NOTE: Registered Agent Signature Required when in office)

4/1/06

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	P	<input type="checkbox"/> Delete
NAME	TOPHAM, DOUGLAS J	
STREET ADDRESS	135 DAISEY STREET	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOPHAM, DUANE	
STREET ADDRESS	ST. ROAD 22	
CITY-ST-ZIP	SUMATRA FL 32321	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOPHAM, JIMI	
STREET ADDRESS	137 DAISEY STREET	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/06

850-653-6012

Date

Daytime Phone #