

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 529776	
1. Entity Name CAPITAL CITY LAWN CARE & LANDSCAPING, INC.	

Principal Place of Business 4881 WOODLANE CIRCLE TALLAHASSEE, FL 32303	Mailing Address 4881 WOODLANE CIRCLE TALLAHASSEE, FL 32303
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01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-1742175	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUNTER, BENJAMIN H 6997 OXTRAIL RD. TALLAHASSEE, FL 32312

**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 _____
Signature typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when changing agent) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

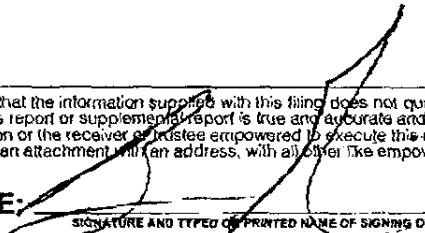
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP GUNTER, BENJAMIN H. 6997 OXTRAIL RD. TALLAHASSEE, FL 00000.
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV GUNTER, JANET B 6997 OXTRAIL RD. TALLAHASSEE, FL 00000.
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT BRIGANCE, ROCHELLE M 414 LOCKSLEY LANE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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02/02/06-80014-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **Ben Gunter** **01/23/06** **850-562-0315**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Copy to File in #