


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2006 08:00 A
Secretary of State

DOCUMENT # F01000005228 1. Entity Name CEMROCK LANDSCAPES, INC.	
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Principal Place of Business
ATTN: POLLY
4790 S. JULIAN AVE.
TUCSON, AZ 85714

Mailing Address
ATTN: POLLY
4790 S. JULIAN AVE.
TUCSON, AZ 85714



07252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0893628	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SISSON, LARRY
218 SOUTHERN COUNTRY LANE
QUINCY, FL 32351

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000573122
08/02/06-80003-008 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSON, JAMES B 12320 E. SUTTERMILL TUCSON, AZ 85749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAW, DAVID 901 E MAGEE TUCSON, AZ 85718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENNICH, HANS 3622 WEST EAGLES VIEW PLACE TUCSON, AZ 85745
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OLSON, LISA 12320 E. SUTTERMILL TUCSON, AZ 85749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa S. Olson

Date

Daytime Phone #

7/27/06 (520) 571-1999