## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F60535

FILED Apr 26, 2006 Secretary of State

Entity Name: FOLIAGE DESIGN SYSTEMS OF COLLIER COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

370 7TH ST S W NAPLES, FL 34117

Current Mailing Address: New Mailing Address:

P.O. BOX 8013 (ZIP - 34101)

NAPLES, FL 341018013

P.O. BOX 8013 (ZIP - 34101)

NAPLES, FL 341018013 US

FEI Number: 59-2148232 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SLABACH, RONALD 370 7TH ST SW NAPLES, FL 34117 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

US

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PST (X) Change () Addition Name: O'CONNOR, KATHARINE, M Name: O'CONNOR, KATHARINE, M Address: 3707TH ST. SE Address: 370 7TH ST. SW

 Address:
 3707TH ST. SE
 Address:
 370 7TH ST. SW

 City-St-Zip:
 NAPLES, FL 34117
 City-St-Zip:
 NAPLES, FL 34117

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 O'CONNOR, KATHARINE, M
 Name:

 Address:
 370 7TH ST SW
 Address:

 City-St-Zip:
 NAPLES, FL 34117
 City-St-Zip:

Title: VM () Delete Title: VP (X) Change () Addition

 Name:
 SLABACH, RONALD E.,
 Name:
 SLABACH, RONALD E.,

 Address:
 370 7TH STREET, S.W.
 Address:
 370 7TH STREET, S.W.

 City-St-Zip:
 NAPLES, FL 34117
 City-St-Zip:
 NAPLES, FL 34117

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHARINE M. O'CONNOR PST 04/26/2006