2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 08:00 AM

				Secretary of State				
DOCU	MENT # F69674	·						
1. Entity Name TROPICAL LANDSCAPE AND DESIGN, INC.								
TROPICAL LANDSCAPE AND DESIGN, INC.								
			No. of the last					
Principal Plac	e of Business M	lailing Address]				
1510 SE 14		1510 SE 14TH STREET		}				
DEERFIELD I		DEERFIELD BEACH, FL 33447						
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			V	4. FEI Numb			Applied For Not Applicable	
				·		t0 75 .		
				5. Certificate	of Status Desired	Fee Requit		
	6. Name and Address of Current Regis	stered Agent		·				
HUGHES,		DO NOT WRITE						
	1510 SE 14TH STREET DEERFIELD BEACH, FL 33441							
DELIGITED DEPORT TO THE			IN THIS SPACE					
9 The shows	and with a health thin photograph for the	number of changing its register	ad affice or empire	rod paget pr he	oth in the State of El	orida I am familiar with	and encent	
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. (MOTE: Registered Agent signature (acquired when remarkating) OATE								
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Final		.00 May Be	}			
	ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution,	☐ Add	led to Fees	}			
10.	OFFICERS AND DIRE	CTORS]					
TITLE	DV		}					
NAME	HUGHES, PATRICIA J	:	1		UDDO	00420818		
STREET ADDRESS CITY-ST-ZIP	1510 SE 14TH STREET DEERFIELD BEACH, FL 33441		1		02/16/0	6-80009-014	150.00	
TITLE	DP		-{					
NAME	HUGHES, MARK W		į.					
STREET ADDRESS	1510 SE 14TH STREET	ì						
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	}						
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12. I hereby	certify that the information supplied with this t	iling does not qualify for the ex	emptions contained	in Chapter 11	9, Florida Statutes.	I further certify that the	Information	
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.								
SIGNAT	TIDE. YV/ack	W. Hughe	5	1-3	1-06	954 421-	8/33	
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