

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G60160

FILED  
Jan 07, 2006  
Secretary of State

Entity Name: DORIA'S LANDSCAPING, INC.

**Current Principal Place of Business:**

14290 COLLIER BLV  
NAPLES, FL 34119 US

**New Principal Place of Business:**

14290 COLLIER BLVD  
NAPLES, FL 34119 US

**Current Mailing Address:**

P.O. BOX 8262  
NAPLES, FL 341018262 US

**New Mailing Address:**

FEI Number: 59-2345943      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

DORIA, M.J.  
3145 58TH ST. SW  
NAPLES, FL 34116 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DORIA, REYNALDO H,  
Address: 3145 58TH ST. S.W.  
City-St-Zip: NAPLES, FL 34117

Title: ST ( ) Delete  
Name: DORIA, MARY J,  
Address: 3145 58TH ST. S.W.  
City-St-Zip: NAPLES, FL 34117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: M.J. DORIA

ST

01/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date