

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90108 015 ***150.00

DOCUMENT # J50275

1. Entity Name
NEW LIFE NURSERY AND LANDSCAPING, INC.



Principal Place of Business
**4064 NORTH ACCESS RD
ENGLEWOOD, FL 34224**

Mailing Address
**PO BOX 962
ENGLEWOOD, FL 34295**

50002612



2. Principal Place of Business
4040 G. N. BEACH RD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01212006 Chg-P CR2E034 (11/05)

City & State
ENGLEWOOD, FL

City & State

4. FEI Number
59-2786363

Applied For
Not Applicable

Zip
34223 Country **U.S.A.**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DRUMMER, SUE A.
140 WEST GREEN
ENGLEWOOD, FL 34223**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 obligation of the registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

Sue Drummer **Registered Agent**

3/13/06

**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 **P** ☐ Delete
NAME **CRISS, TERRIE L.**
STREET ADDRESS **4040 G N. BEACH RD.**
CITY - ST - ZIP **ENGLEWOOD, FL 34223**

TITLE **VP** ☐ Delete
NAME **BATES, JOHN**
STREET ADDRESS **1233 GREEN OAK TRAIL**
CITY - ST - ZIP **PORT CHARLOTTE, FL 33948**

TITLE **S** ☐ Delete
NAME **WEYERS, JOHN**
STREET ADDRESS **218 STANFORD ROAD**
CITY - ST - ZIP **VENICE, FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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: **TERRIE L. CRISS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-06 941-475-8080

President