2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J89509

A TO Z LANDSCAPING OF NORTHWEST FLORIDA, INC.



FILED Mar 15, 2006 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

12 CAMBRIDGE AVE

FORT WALTON BEACH, FL 32547 US

12 CAMBRIDGE AVE

FORT WALTON BEACH, FL 32547



03132006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2834639 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZISHKA, ALLAN D. 12 CAMBRIDGE AVE

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FORT WALTON BEACH, FL 32547				IN THIS SPACE		
	named entity submits this statement for the pilons of registered agent.	urpose of changing its registe	red office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title is	f applicable. (NOTE: Registe	теб Аделі зідпают	герияео when reinstating)	DATE	
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 8e Added to Fees			U00000468464 03/24/06-80032-013 150.00	
10.	OFFICERS AND DIREC	TORS	1		<u> </u>	
TITLE NAME STREET AODRESS CHY-ST-ZIP	D ZISKHA, ALLAN D. 12 CAMBRIDGE AVE FT WALTON BEACH, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZISHKA, AMY M 12 CAMBRIDGE AVE FT WALTON BEACH, FL					
TITLE NAME STREET ADDRESS				D.0	NOT MOITE	

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

C377 - ST - 73P

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAND OF SIGNING OFFICER OR DIRECTOR