



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2006 08:00 AM
Secretary of State**

DOCUMENT # J93353 1. Entity Name AL THIGPEN LANDSCAPING, INC.		
Principal Place of Business 4541 E. SENECA DRIVE JACKSONVILLE, FL 32259-2158	Mailing Address 4541 E. SENECA DRIVE JACKSONVILLE, FL 32259-2158	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent THIGPEN, ALBERT E 4541 E. SENECA DRIVE JACKSONVILLE, FL 32259-2158		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THIGPEN, ALBERT E. 4541 E. SENECA DRIVE JACKSONVILLE, FL 322592158	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3-20-06 904 Daytime Phone #: 219-8015



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2843077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/06/06-80038-010 150.00

**DO NOT WRITE
IN THIS SPACE**