

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90128 019 \*\*\*150.00

<b>DOCUMENT # K09976</b> 1. Entity Name <b>JUNIPER LANDSCAPING, INC.</b>					
Principal Place of Business <b>12651 METRO PARKWAY</b> <b>3</b> <b>FORT MYERS, FL 33912</b>			Mailing Address <b>12651 METRO PARKWAY</b> <b>3</b> <b>FORT MYERS, FL 33912</b>		
2. Principal Place of Business <i>4040 Orange River Loop Rd</i> Suite, Apt. #, etc.		3. Mailing Address <i>4040 Orange River Loop Rd.</i> Suite, Apt. #, etc.			
City & State <b>Fort Myers, FL</b> Zip <b>33905</b>		City & State <b>Fort Myers, FL</b> Zip <b>33905</b>		4. FEI Number <b>65-0035364</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DENMAN, JAMES B ESQ.</b> <b>2400 E. COMMERCIAL BLVD.</b> <b>SUITE 208</b> <b>FORT LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUKE, MICHAEL P. 13862 PINE VILLA LANE FORT MYERS, FL 33912		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUKE, SHARON A. 13862 PINE VILLA LANE FORT MYERS, FL 33912		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	- - - 		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b> <i>Michael Duke</i> <b>Michael Duke</b> <b>2/21/06</b> <b>239-561-5980</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					