


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90210 048 \*\*\*150.00

<b>DOCUMENT # K33934</b> 1. Entity Name <b>BOLD CITY IRRIGATION &amp; LANDSCAPING, INC.</b>					
Principal Place of Business <b>3079 RUSSELL RD</b> <b>GREEN COVE SPRINGS, FL 32043 US</b>			Mailing Address <b>3079 RUSSELL RD</b> <del>170 COLLEGE DR STE 1</del> <b>GREEN COVE SPRINGS, FL 32043 US</b>		
2. Principal Place of Business		3. Mailing Address <b>3079 RUSSELL ROAD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>GREEN COVE SPRINGS, FL</b>			
Zip	Country	Zip <b>32043</b>	Country <b>CLAY</b>	4. FEI Number <b>59-2913370</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>REINHEIMER, JOHN H</b> <b>1730 REDWOOD LANE</b> <b>MIDDLEBURG, FL 32068</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3079 RUSSELL ROAD</b> City <b>GREEN COVE SPRINGS</b> <b>FL</b> Zip Code <b>32043</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <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	<b>P</b> <b>REINHEIMER, JOHN H</b> <b>1730 REDWOOD LANE</b> <b>MIDDLEBURG, FL 32068</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>3079 RUSSELL ROAD</b> <b>GREEN COVE SPRINGS, FL 32043</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>John Reinheimer</i> JOHN REINHEIMER, PRES 1-9-06 (904)264-8171</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					