


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90003 032 ***550.00

DOCUMENT # L27400
 1. Entity Name
HORTICARE LANDSCAPE, INC.



Principal Place of Business Mailing Address
3155 66TH ST SW **3155 66TH ST SW**
NAPLES, FL 34105 US **NAPLES, FL 34105 US**

2. Principal Place of Business 3. Mailing Address
5051 Castello Dr *5051 Castello Dr*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
217 *# 217*
 City & State City & State
Naples FL *Naples FL*
 Zip Country Zip Country
34103 *Collier* *34103* *Collier*



07032006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0156245 Not Applicable

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

6. Name and Address of Current Registered Agent
JOHNSON, GREGORY B
3155 66TH ST SW
NAPLES, FL 34105

7. Name and Address of New Registered Agent
 Name *Greg Johnson*
 Street Address (P.O. Box Numbers Not Acceptable) *5051 Castello Dr # 217*
 City *Naples* FL Zip Code *34103*

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP JOHNSON, GREGORY B. 6055 26TH AVE SW NAPLES, FL <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	T KNAPP, BETTE J 3155 66TH ST. SW NAPLES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #