

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L55376**

1. Entity Name  
**PMR PROPERTY MAINTENANCE AND LANDSCAPING,  
INC.**



Principal Place of Business  
**4221 NW 66 AVE.  
CORAL SPRINGS, FL 33067**

Mailing Address  
**4221 NW 66 AVE.  
CORAL SPRINGS, FL 33067**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0175512** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GROCHER, CYNTHIA  
4221 NW 66 AVE.  
CORAL SPRINGS, FL 33067**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required 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 Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **GROCHER, PETER N.**  
STREET ADDRESS **4221 NW 66 AVE.**  
CITY- ST- ZIP **CORAL SPRINGS, FL 33067**

TITLE **ST**  
NAME **GROCHER, CYNTHIA C.**  
STREET ADDRESS **4221 NW 66 AVE.**  
CITY- ST- ZIP **CORAL SPRINGS, FL 33067**

TITLE  
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04/22/06-80065-004 150.00

**DO NOT WRITE  
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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 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 a duly authorized 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 attached sheet with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Peter Grocher** **4-05-06 (954) 7534626**