## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

NAME STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # L55570  1. Entity Name A & M GROUNDSKEEPERS, INC.						04-20-2006 90213 040 ***150.00					
Suite Applies   Suite	-						]		<b>r</b> 004	4004		
Suite, Apl. #, etc.   Suite, Apl. #, etc.   Q4952006   Chg.P   CR2E034 (11/05)							50014061					
Suite, Apl. #, etc.   Suite, Apl. #, etc.   Q4952006   Chg.P   CR2E034 (11/05)												
City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  SS-75 Additional  Feet Required  Frequency  Signature  City Country  City  FL  Zip Code  Signature  Signature  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  C	2. Principal Place of Business			3. Mailing Address								
Signature   Sign	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04052006	Chg-P	CR2E03	4 (11/05)		
Space   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Peer Required	City & State			City & State			1					
PUSZKAR, MARIANN   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		Zip Coun		try	5 Certificate of Status Desired   \$8.75 Additional			itional		
Size Address (P.O. Box Number is Not Acceptable)    Size Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current I					News						
ORTH PORT, FL 34287    City   FL   Zip Code	PUSZKAR, MARIANN											
Entry above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signatu				Street Add			s (P.O. BOX NUMBER IS NOT ACCEPTABLE)					
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 types or printed name of registered agent and sea if abolicable.   INDIE. Registered Agent agressure recurred when rentalizing)					City				Zip Code	,		
SICNATURE    Signature injusted or printed name of legistered agent and late if applicable. (NOTE Regeleted Agent agricular recurred when renatating)   DATE	8. The above	named entit	y submits this statement fo		ered agent, or bo	oth, in the State of Flo		<u> </u>				
Squature types or printed name of registered agent and set if applicable (thOTE. Repostered Agent required aren reinstating)   CATE	the obligations of registered agent.											
After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
TITLE	The House the to discount of the second of t											
NAME STREET ADDRESS CITY-ST-ZPP NORTH PORT, FL  ITILE D Delete DITITLE NAME STREET ADDRESS CITY-ST-ZPP NORTH PORT, FL  ITILE D Delete DITITLE NAME STREET ADDRESS CITY-ST-ZPP NORTH PORT, FL  ITILE NAME STREET ADDRESS CITY-ST-ZPP  ITILE STREET ADDRES							ADDITIONS	/CHANGES TO OFFI	CERS AND			
CITY-ST-ZIP	NAME	PÜSZKAF		Detete	NAM	E '		<del></del>				
NAME SIREET ADDRESS CITY-S1-2IP NORTH PORT, FL  ITILE NAME SIREET ADDRESS CITY-S1-2IP  TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-S1-2IP  TITLE NAME SIREET ADDRESS	1 1						<del>-</del> .					
STREET ADDRESS CITY-ST-ZIP  NORTH PORT, FL  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		2 5000							·	☐ Change	☐ Addition	
ITILE	STREET ADDRESS	6242 TRO	OPICAIRE BLVD	STRE		ET ADDRESS		ă.				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		NORTH F	ORT, FL	□ Delete					Change	Addition		
CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  STREET ADDRESS	NAME			_ 55,50								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	1				1							
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS				Delete	l l				☐ Change	☐ Addition		
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET ADDRESS					l l					i	
STREET ADDRESS CITY-ST-ZIP  TITLE Delete NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS				☐ Delete						Change	Addition	
TITLE Delete TITLE Change Addition  NAME  STREET ADDRESS  Change Addition  Addition												
NAME STREET ADDRESS STREET ADDRESS				- Nolete						☐ Change	☐ Addition	
	NAME			perere	NAM	1E				CJ ondargo		
	Į .					I						
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 EASTER ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  1/8 06 94/433-3934  Dayung Proces												