2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L72477

1. Entity Name PHOENIX LANDSCAPE, INC.



FILED Jan 31, 2006 08:00 AM Secretary of State

Principal Place of Business

45014 S.R. 19 ALTOONA, FL 32702 Mailing Address

PO BOX 960

ALTOONA, FL 32702



DO NOT WRITE IN THIS SPACE

01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0199237 Applied For Not Applicat:

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, THOMAS L. 45014 S.R. 19 ALTOONA, FL 32702

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	named entity submits this statement for the pations of registered agent.	urpose of changing its registered	office or s	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered A	gent signatur	e 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 DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD RICHARDS, THOMAS L. 45014 SR 19 ALTOONA, FL 32702		02/10/06-80078-003 158.75 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARDS, KATHRYN 45014 SR 19 ALTOONA, FL 32702				
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^{12.} I hereby certify that the information supplied with this filling 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.