


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M69542		
1. Entity Name ALDEN & ASSOCIATES, LANDSCAPE ARCHITECTS & PLANNERS, INC.		
Principal Place of Business 1945 17TH ST SARASOTA, FL 34234 US		Mailing Address 5700 ALDEN GARDEN WAY SARASOTA, FL 34235 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALDEN, MARTIN 5700 ALDEN GARDEN WAY SARASOTA, FL 34235		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	ALDEN, MARTIN	
STREET ADDRESS	5700 ALDEN GARDEN WAY	
CITY - ST - ZIP	SARASOTA, FL	
TITLE	T	
NAME	ALDEN, JOAN S.	
STREET ADDRESS	5700 ALDEN GARDEN WAY	
CITY - ST - ZIP	SARASOTA, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: <i>Martin D. Alden</i> MARTIN D. ALDEN		4-13-06 941-951-3995
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>