
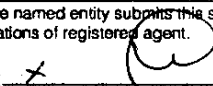
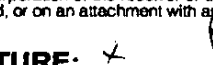


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90009 016 \*\*\*150.00

<b>DOCUMENT # M79913</b> 1. Entity Name <b>EARTHSCAPES LANDSCAPING, INC.</b>					
Principal Place of Business <b>816 ALT 19</b> <b>PALM HARBOR, FL 34683 US</b>			Mailing Address <b>816 ALT 19</b> <b>PALM HARBOR, FL 34683 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2887306</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>VANCOULTER MICHAEL D</b> <b>8 FLORIDA BLVD</b> <b>CRYSTAL BEACH, FL 34681</b>				7. Name and Address of New Registered Agent Name <b>VANCOULTER MICHAEL D</b> Street Address (P.O. Box Number is Not Acceptable) <b>PO BOX 156</b> <b>4 MANGROVE LANE</b> City <b>CRYSTAL BEACH</b> <b>FL</b> Zip Code <b>34681</b>	
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  <span style="float: right;">3-3-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PST COULTER, MICHAEL VAN 8 FLORIDA BLVD CRYSTAL BEACH, FL 34681	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VanCoulter, Michael 4 mangrove Lane CRYSTAL BEACH, FL 34681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COULTER, MICHAEL VAN 8 FLORIDA BLVD CRYSTAL BEACH, FL 34681	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VanCoulter, Michael 4 MANGROVE LANE CRYSTAL BEACH, FL 34681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			3-3-06 727-787-3916		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		