2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 20, 2006 8:00 am Secretary of State

DOCUMENT # N05000010724 1. Entity Name LAND MAINTENANCE CORP.							02-20-2006 9	90035 0	17 ****61	.25	
Principal Place of Business 672 E DUVAL ST LAKE CITY, FL 32055			POB	Mailing Address P O BOX 3176 LAKE CITY, FL 32056-3176			1 (25(4)5) 21)	88191 GIUN 8831) 8811) 88	m 18181 179N A	Ran Iddie Stati did	11181 ús 18 <i>0</i> 1
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262006	Chg-NP	CR2E0	37 (11/05)		
City & State			City & State			4. FEI Numbe	20-36693	79	 	oplied For of Applicable	
Zip	Zip Country		Zip		Соц	untry			\$8.75 Add Fee Require		
	6. Name an	d Address of Current	t Registere	d Agent-		-	7. Name and	Address of New F	Registered	Agent	
BULLARD, AUDREY S					Name						
2753 W US HWY 90 LAKE CITY, FL 32055						Street Addres	ss (P.O. Box Numbe	er is Not Acceptable	e)		
						City			Fl	Zip Cod	e
The above named entity submits this statement for the purpose of changing its registered office or register							stared agent or hal	h in the State of El			and account
	ions of registere		or the purp	ose of changing its	register	ed office of regis	stered agent, or bot	an, my trie State of the	onda. Tani	riatillas with,	and accept
SIGNATURE .											
	Signature, typed or p	printed name of registered agen	nt and title if app	icable. (NOTE	: Registere	id Agent signature requ	uired when reinstating)		DATE		• •
1											
	Filing Fee Due by Ma	y 1, 2006		9. Election Can Trust Fund C	Contribut	tion.	\$5.00 May B Added to Fees	Flo	rida Depa	k payable t rtment of S	tate 7
10.	Due by Ma		IRECTORS	Trust Fund C	ontribut	tion.	Added to Fees		rida Depa	rtment of S	tate
10. TITLE NAME	PD PD	y 1, 2006	IRECTORS		Contribut	tion.	Added to Fees	Flo	rida Depa	rtment of S	tate 7
TITLE	PD KHACHIGAN	y 1, 2006 OFFICERS AND D	IRECTORS	Trust Fund C	11. TITL	tion.	Added to Fees	Flo	rida Depa	rtment of S	tate
TITLE NAME	PD KHACHIGAN 362 NW STF LAKE CITY,	y 1, 2006 OFFICERS AND D N, MARTHA JO REAMSIDE CT	IRECTORS	Trust Fund C	11. TITL NAM	E	Added to Fees	Flo	rida Depa	FRECTORS IN Change	tate
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I hereby certify that the information supplied with this tiling does not quality 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 617, 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: Sue

2-16-06

386-752-4339 Daytime Phone #