FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90066 021 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000019518

1. Entity Name
SOUTHWIND IRRIGATION & LANDSCAPE, INC.

4

Principal Place of Business	Mailing Address
1110 NW 116TH AVE. PLANTATION, FL 33323	1110 NW 116TH AVE. PLANTATION, FL 33323

01302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3636485 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUMMER, DON
~~3921 SW 58 TERR.~~
~~DAVIE, FL 33314~~

7. Name and Address of New Registered Agent

Name: DON Sumner
Street Address (P.O. Box Number is Not Acceptable): 1110 NW 116 Avenue
City: Plantation FL Zip Code: 33323

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: Don Sumner [signature] 3-28-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 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	D SUMNER, DON 3921 SW 58 TERR. DAVIE, FL 33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1110 NW 116 Avenue Plantation, FL 33323	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] Don Sumner 1-31-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 400H85O6 #P00000019518

Employer's Quarterly Report

5050 W. Tennessee St., Tallahassee, FL 32399-0180

ATX1
UCT-6
R. 01/06

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

8610020060431006805403105002615443000000

Quarter Ending	Due Date	Penalty After Date	Tax Rate	UC Account Number
12/31/2006	01/01/2007	01/31/2007	.0270	2615443-0

F.E.I. Number: 59-3636485

For Official Use Only - Postmark Date

Employer's Name SOUTHWIND IRRIGATION & LANDSCAP

Mailing Address 1110 N.W. 116TH AVENUE

City/State/ZIP PLANTATION, FL 33323

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the period including the 12th of the month.

1st Month	4
2nd Month	3
3rd Month	3

2. Gross Wages Paid this Quarter	22737.07
3. Wages Paid This Quarter in Excess of $7,000 per Employee This Year	21963.07
4. Taxable Wages for This Quarter (Item 2 minus Item 3)	774.00
5. Tax Due (Multiply Item 4 by 2.70%)	20.90
6. Penalty Due (See Instructions)	0.00
7. Interest Due (See Instructions)	0.00
8. Total Amount Due	20.90

Make check payable to Florida U.C. Fund (If less than $1.00 no remittance is necessary.)

9. EMPLOYEE'S SOCIAL SECURITY NUMBER	10. EMPLOYEE'S NAME Last Name	First Initial	Middle Initial	11. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER
263-97-5537	HAFFIZULLA	D	L	8593 00
589-03-6425	PIERRE	J		6447 00
593-03-7939	SUMNER	D		6923 07
591-87-6546	FREVE	J		774 00
				0 00
	12. Total Gross Wages This Page			22737 07

I certify the information contained on this report is true and correct and no part of the unemployment tax was, or is to be deducted from the Employee's wages.

(DO NOT DETACH)

Signature	Date	Signature of Preparer	
[signature]	1-31-07	[signature]	
Title: Pres.	Telephone No: 954 214 0463	Preparer's Telephone No:	954-680-6966

SOUTHWIND IRRIGAT
1110 N.W. 116TH A

PLANTATION, FL 33

☐ Check here if you transmitted funds electronically

UT Account Number: 2615443-0

Make check payable to: Florida U.C. Fund

Mail To:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0180

ATX1
UCT-6
R. 01/06

2615443	593636485	0	0
0	2273707	2196307	77400
2090	0	0	2090
263975537	HAFFIZULLA	DWAYNE L	859300
589036425	PIERRE	JOSEPH	644700
593037939	SUMNER	DON	692307
591876546	FREVE	JEAN CLAUDE PE	77400
0	0	0	0

2090 8610 0 20060431 0068054031 0 5002615443 0000 0