

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90027 037 ***550.00

DOCUMENT # P00000038794 1. Entity Name P & P FLORIDA LANDSCAPE, INC.			
Principal Place of Business 4901 TAMiami TRAIL NORTH NAPLES, FL 34103		Mailing Address 4901 TAMiami TRAIL NORTH NAPLES, FL 34103	
2. Principal Place of Business 3665 Bonita Beach Rd Suite, Apt. #, etc. Suite 3 City & State Bonita Springs, FL Zip 34134 Country USA		3. Mailing Address 3665 BONITA BEACH RD. Suite, Apt. #, etc. SUITE 3 City & State BONITA SPRINGS, FL Zip 34134 Country USA	
4. FEI Number 59-3678347		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) City State Zip		Name ALLURE ACCOUNTING, LLC Street Address (P.O. Box Number is Not Acceptable) 8065 BONITA BEACH RD. SUITE 3 City BONITA SPRINGS FL Zip Code 34134	
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.</small>		DATE 05/09/06	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SCHECKENHOFER, PETER 4901 TAMiami TRAIL N NAPLES, FL 34103	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHECKENHOFER, PETER A 4901 TAMiami TRAIL N NAPLES, FL 34103	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date 05-10-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 292-5591	