

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000050567

1. Entity Name

C & F LAND MAINTENANCE, INC.



Principal Place of Business

13117 FOREST HILLS DRIVE
TAMPA, FL 33612

Mailing Address

13117 FOREST HILLS DRIVE
TAMPA, FL 33612



04142006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3582779

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELLGREN, KATHRYN V
13117 FOREST HILLS DRIVE
TAMPA, FL 33612

**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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

FELLGREN, KATHRYN V

STREET ADDRESS

13117 FOREST HILLS DR.

CITY-ST-ZIP

TAMPA, FL 33612

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

U000000544668
05/11/06-80044-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Kathryn V. Fellegren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06

Date

Daytime Phone #