

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081472

FILED  
Mar 05, 2006  
Secretary of State

Entity Name: BETTER LANDSCAPE AND GARDENS, INC.

## Current Principal Place of Business:

38120 ARLINGTON AVE  
LADY LAKE, FL 32159

## New Principal Place of Business:

## Current Mailing Address:

38120 ARLINGTON AVE  
LADY LAKE, FL 32159

## New Mailing Address:

38208 ARLINGTON AVE  
LADY LAKE, FL 32159

FEI Number: 59-3666513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONEY, VERON  
38112 ARLINGTON AVE  
LADY LAKE, FL 32159 US

## Name and Address of New Registered Agent:

GONEY, BILLY W  
38208 ARLINGTON AVE  
LADY LAKE, FL 32159 US

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.

SIGNATURE: BILLY WAYNE GONEY

03/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: GONEY, BILLY W  
Address: 14231 SE 59 AV  
City-St-Zip: SUMMERFIELD, FL 34491

Title: PSTD ( ) Delete  
Name: GONEY, VERNON  
Address: 38112 ARLINGTON AV  
City-St-Zip: LADY LAKE, FL 32159

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: GONEY, BILLY W  
Address: 38208 ARLINGTON AVE  
City-St-Zip: LADY LAKE, FL 32159

Title: VP (X) Change ( ) Addition  
Name: GONEY, VERNON  
Address: 38112 ARLINGTON AV  
City-St-Zip: LADY LAKE, FL 32159

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY WAYNE GONEY

PSTD

03/05/2006

Electronic Signature of Signing Officer or Director

Date