


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90171 049 ***150.00

DOCUMENT # P00000096705	
1. Entity Name DOUCET LANDSCAPING, INC.	

Principal Place of Business 638 BLENHEIM LOOP WINTER SPRINGS, FL 32708	Mailing Address P.O BOX 196486 WINTER SPRINGS, FL 32719-6486
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14003602



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04202005 No Chg-P CR2E034 (10/03)

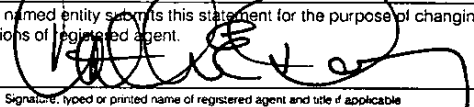
4. FEI Number 59-3680768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAVEY, ESQ., CATHERINE E
~~151 LOOKOUT PL #200~~ 431 E. Horatio Ave.
 MAITLAND, FL 32751 Suite 210

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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:  DATE: 4/20/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

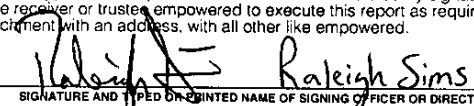
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, RALEIGH P.O BOX 196486 WINTER SPRINGS, FL 327196486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SIMS, JILL L P.O BOX 196486 WINTER SPRINGS, FL 327196486
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4/20/05 DAYTIME PHONE: 407-923-6890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR