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APPROVED AND FILED

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06 JUL 21 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40100244

07102006 Chg-P CR2E034 (11/05)

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000111714

1. Entity Name
LANDSCAPE DESIGNS BY PATRICK FLYNN, INC.

Principal Place of Business	Mailing Address
6 BANYAN TRACKWAY OCALA, FL 34472	6 BANYAN TRACKWAY OCALA, FL 34472

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3684465 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLYNN, PATRICK 6 BANYAN TRACKWAY OCALA, FL 34472	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $550.00
Due by September 6, 2006

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	P FLYNN, PATRICK 6 BANYAN TRACK WAY OCALA, FL 34478	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Patrick Flynn 7/18/06 352-572-7925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/21 ew

ATTACHMENT

DEPARTMENT OF STATE. 40100244
#P00000111714

PLEASE WAIVE THE LATE FEE ~~AS~~ ~~OF~~ FOR $400 AS I ATTEMPTED THE FIRST TIME BUT THE POST OFFICE FAILED TO DELIVER. I SENT MY CHECK OUT ~~ON~~ POSTMARKED ON 4/27/06. I HAD TO STOP PAYMENT ON THAT CHECK BECAUSE I GOT A LETTER ~~SAYING~~ SAYING THEY DID NOT RECIEVE MY PAYMENT, WHICH COST ME AN ADDITIONAL $30. I THEN WAS TOLD TO WRITE ~~A~~ A LETTER TO BE REINSTATED ~~AND~~ AND DOWN LOAD THE FORM AGAIN WITH THE CHECK FOR $150. THE FORM I DOWN LOADED WAS THE WRONG ONE, IT HAD EVERYTHING THAT ~~I~~ I THOUGHT WAS RIGHT. THIS WILL BE THE THIRD TIME BUT WITH THE CORRECT FORM SENT BY PAMELA YARBOR. I SPOKE WITH GARY BLANKENBAKER ON 7/18/06 AND ~~HE~~ ADVISED ME TO WRITE ANOTHER LETTER BECAUSE I AM MAKING ATTEMPTS TO DO THIS RIGHT.

THANK YOU FOR YOUR UNDERSTANDING

PAT FLYNN (OWNER/PRES.)

Pat Flynn

P.S. I WAS TOLD TO ~~BE~~ MAIL TO PO BOX 6327
TALLAHASSEE, FL. 32314
BY GARY BLANKENBAKER