

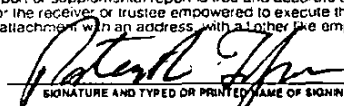
2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07-20-2006 90001 007 150.00
P00000111714

06 JUL 21 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40100244

DOCUMENT # P00000111714					
1. Entity Name LANDSCAPE DESIGNS BY PATRICK FLYNN, INC.					
Principal Place of Business 6 BANYAN TRACKWAY OCALA, FL 34472			Mailing Address 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 FLYNN, PATRICK 6 BANYAN TRACKWAY OCALA, FL 34472			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) 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 a letter like empowered.					
SIGNATURE: 			7/18/06 352-572-7705		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

112

7/21/06

ATTACHMENT

40100244

#P00000111719

DEPARTMENT OF STATE.

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 RECEIVE MY PAYMENT, WHICH COST
 ME AN ADDITIONAL \$30. I THEN WAS TOLD TO
 WRITE ~~THE~~ LETTER TO BE REINSTATED ~~FOR~~
~~THE~~ AND DOWN LOAD THE FORM AGAIN WITH
 THE CHECK FOR \$150. THE FORM I DOWN LOADED
 WAS THE WRONG ONE, IT HAD EVERYTHING THAT
~~IF~~ I THOUGHT WAS RIGHT. THIS WILL BE
 THE THIRD TIME BUT WITH THE CORRECT FORM SENT
 BY PAMELA YARROW. I SPOKE WITH
 GARY BLANKENBAKER ONE 7/18/06 AND ~~HE~~
~~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.)



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