


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90020 047 ***150.00

DOCUMENT # P01000010023	
1. Entity Name CLOUD & CLOUD LANDSCAPING & IRRIGATION, INC.	

Principal Place of Business P.O. BOX 120576 MELBOURNE, FL 32912 P.O. Box 101038 Palm Bay FL 32910	Mailing Address P.O. BOX 120576 MELBOURNE, FL 32912 P.O. Box 101038 Palm Bay FL 32910
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DO NOT WRITE IN THIS SPACE

40039304



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3692030	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLOUD, DWIGHT A 1007 ZAPPER ST. NW PALM BAY, FL 32907 P.O. Box 101038 Palm Bay FL 32910
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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 _____	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLOUD, DWIGHT A P.O. BOX 120596 MELBOURNE, FL 329120596
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLOUD, JUAN P.O. BOX 120596 MELBOURNE, FL 32912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: <u>Dwight Cloud</u>	3-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #