## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 17, 2006 08:00 AM DOCUMENT # P02000001415 **Secretary of State** TONY'S LAWN & GARDEN PLUS, INC. Mailing Address Principal Place of Business 4543 CATALINA LN 4543 CATALINA LN BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 CR2E034 (11/05) 01062006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0023275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALVES, ANTONIO D DO NOT WRITE 4543 CATALINA LN BONITA SPRINGS, FL 34134 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstaling) Signature, typod or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ALVES, ANTONIO D 4543 CATALINA LN STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 HOUNDOARERAD TITLE 01/19/06-80013-025 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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 in the property of the propert

SIGNATURE: 2

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-495-1890

**FILED**