

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000016673

FILED  
Jul 13, 2006  
Secretary of State

Entity Name: CUSTOM LANDSCAPES OF FLAGLER, INC.

**Current Principal Place of Business:**

1 FLORIDA PARK DR.S. #228  
PALM COAST, FL 32137

**New Principal Place of Business:**

1 FLORIDA PARK DR.S. #309  
PALM COAST, FL 32137

**Current Mailing Address:**

1 FLORIDA PARK DR.S. #228  
PALM COAST, FL 32137

**New Mailing Address:**

1 FLORIDA PARK DR.S. #309  
PALM COAST, FL 32137

FEI Number: 45-0465665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHARSHEE, DONALD E  
112 OLD CARRIAGE RD.  
PONCE INLET, FL 32127 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHARSHEE, DONALD E  
Address: 112 OLD CARRIAGE RD  
City-St-Zip: PONCE INLET, FL 32127

Title: VP ( ) Delete  
Name: CHARSHEE, GLORIA L  
Address: 112 OLD CARRIAGE RD  
City-St-Zip: PONCE INLET, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD E. CHARSHEE

P.

07/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date