

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000028845

1. Entity Name
DECORATOR MULCH, INC.



Principal Place of Business
10606 HWY 121 NORTH
GAINESVILLE, FL 32653

Mailing Address
4023 NW 34TH PL
C/O SUSAN WRIGHT
GAINESVILLE, FL 32653



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0009091

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GASTON, WILLIAM
10606 N. STATE ROAD 121
GAINESVILLE, FL 32653

**DO NOT WRITE
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.

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 \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GREENE, JAMES
STREET ADDRESS 4740 SW 103RD WAY
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE VD
NAME GASTON, WILLIAM
STREET ADDRESS 10606 N. STATE ROAD 121
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE CEO
NAME GASTON, LEVIN P
STREET ADDRESS 5101 NW 65TH LANE
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000453073
03/14/06-80004-021 158.75

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____