2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000042500

1. Entity Name
THREE SEASONS LAWN MAINTENANCE &
LANDSCAPING, INC.

Principal Place of Business	Mailing Address
3705 LENA ROAD BRADENTON, FL 34211	3705 LENA ROAD BRADENTON, FL 34211

05242006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
03-0441370	Not Applicable

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

6. Name and Address of Current Registered Agent

ALEXANDER, RICHARD L JR
3705 LENA ROAD
BRADENTON, FL 34211

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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.

U00000566829
06/06/06-80002-003 150.00

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 **Due by September 6, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	ALEXANDER, RICHARD L JR	
STREET ADDRESS	3705 LENA ROAD	
CITY-ST-ZIP	BRADENTON, FL 34211	
TITLE		
NAME		
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CITY-ST-ZIP		

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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: _____   5/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #