


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000078958 1. Entity Name LANDSCAPE LIGHTING OF CENTRAL FL, INC.		
Principal Place of Business PO BOX 435 CLARCONA, FL 32710		Mailing Address PO BOX 435 CLARCONA, FL 32710
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent MATUREN, JEROME W 8308 LAKE LUCY DRIVE ORLANDO, FL 32818		DO NOT WRITE IN THIS SPACE
9. 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 <u>J. W. Maturen</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATUREN, JEROME W 8308 LAKE LUCY DRIVE ORLANDO, FL 32818	
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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: <u>J. W. Maturen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/26/06</u> <u>407-291-2380</u> <small>Date Daytime Phone #</small>



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0788231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000007408124
02/08/06-80027-014 150.00

**DO NOT WRITE
IN THIS SPACE**