# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000098664**

1. Entity Name
SAILFISH LANDSCAPING INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1825 LOTUS LANE WELLINGTON, FL 33414 | 1825 LOTUS LANE WELLINGTON, FL 33414 |

## DO NOT WRITE IN THIS SPACE

08122006      No Chg-P      CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 76-0712598 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

WEBSTER, TROY D
1825 LOTUS LANE
WELLINGTON, FL 33414

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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.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.      (NOTE Registered Agent signature required when reinstating)

U00000576737
09/13/06-80003-008 150.00
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 | P |
| NAME | WEBSTER, TROY D |
| STREET ADDRESS | 1825 LOTUS LANE |
| CITY-ST-ZIP | WELLINGTON, FL 33414 |

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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: _____    9/5/06    5637190062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #