2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000099076

Entity Name
 B & B PROFESSIONAL LANDSCAPE MAINTENANCE,



FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business 2014 PINEHURST DR CLEARWATER, FL 33763 Mailing Address

27 E ORANGE ST

TARPON SPRINGS, FL 34689



No Chg-P CR2E034 (11/05) 04262006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 47-0888159 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Reguired 5. Name and Address of Current Registered Agent KLIMIS, GEORGE N DO NOT WRITE 27 E ORANGE ST TARPON SPRINGS, FL 34689 IN THIS SPACE 3. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE STEPHENS, BRIAN S NAME STREET ADDRESS 2014 PINEHURST DR U00000546651 CITY - ST- ZIP CLEARWATER, FL 33763 05/11/06-80124-023 150.00 3476 MAME STREET ADDRESS CITY-ST-ZIP 3131.6 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP DILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

MATURE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4.26-06

Daytime Phone #