2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## EILED DOCUMENT # P02000121917 Feb 09, 2006 08:00 AN 1. Entity Name **Secretary of State** PROFESSIONAL TURF LANDSCAPE AND MAINTENANCE INC. Principal Place of Business Mailing Address 16326 GULF BLVD #203 REDDINGTON BEACH FL 33708 16326 GULF BLVD #203 REDDINGTON BEACH FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3020750 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MICHALEK, HARRY J Street Address (P O Box Number is Not Acceptable) 16326 GULF BLVD #203 REDDINGTON BEACH FL 33708 City Zip Code 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 acce. the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and fitte if applicable (NOTE Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change □ Ada MICHALEK, HARRY J NAME NAME STREET ADDRESS 16326 GULF BLVD #203 STREET ADDRESS CITY-ST-ZIP REDDINGTON BEACH FL 33708 CITY-ST-ZIP U00000427024 02/20/06-80067-004/184400 🖂 🖽 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILE T Add Til Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change □ A... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change DA. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP f{{\}} F ☐ Change ☐ Delete TITLE □ A.I. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly the corporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block if changed, or on an attackment of the compowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1-06 813220261