


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P03000004255 |  |
| 1. Entity Name CINTRON LANDSCAPE SERVICES, INC. | |

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| Principal Place of Business 1081 16TH AVENUE - NE NAPLES, FL 34120 | Mailing Address 11595 KELLY ROAD, SUITE 207 C/O HANS SIMONS CPA FORT MYERS, FL 33908 |
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DO NOT WRITE IN THIS SPACE



01142006 No Chg-P CR2E034 (11/05)

| | |
|--|-------------------------------|
| 4. FEI Number 90-0056475 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

CINTRON, MIKE
1081 16TH AVENUE-NE
NAPLES, FL 34120

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1100000403208
02/03/06-80098-021 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CINTRON, MIKE 1081 16TH AVENUE-NE NAPLES, FL 34120 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD CINTRON, LUELLEN 1081 16TH AVENUE NAPLES, FL 34120 |
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IN THIS SPACE**

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: Mike Cintron 1-20-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #