

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000034861

Entity Name
TROPILANDSCAPE, INC.



Principal Place of Business
943 WOLF CREEK ST
CLERMONT, FL 34711

Mailing Address
943 WOLF CREEK ST
CLERMONT, FL 34711



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2007029

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LONDONO, LAZARO
943 WOLF CREEK ST
CLERMONT, FL 34711

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IN THIS SPACE**

I, 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 LAZARO LONDONO [Signature] 1-19-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

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

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

OFFICERS AND DIRECTORS

NAME	D LONDONO, LAZARO
STREET ADDRESS	943 WOLF CREEK ST
CITY-STATE-ZIP	CLERMONT, FL 34711
HOME ADDRESS	
HOME CITY-STATE-ZIP	
WORK ADDRESS	
WORK CITY-STATE-ZIP	
MAILING ADDRESS	
MAILING CITY-STATE-ZIP	
TELEPHONE	
TELEFAX	
EMAIL ADDRESS	
STREET ADDRESS	
CITY-STATE-ZIP	
HOME ADDRESS	
HOME CITY-STATE-ZIP	

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01/30/06-80090-014 150.00

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IN THIS SPACE**

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: [Signature] 1-19-06 321-6890575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #