

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90204 014 ***150.00

DOCUMENT # P03000049560 1. Entity Name BOB ASBURY LANDSCAPE DESIGN, INC.			
Principal Place of Business 5813 HENDRICKS ROAD LAKELAND, FL 33811-2124		Mailing Address 5813 HENDRICKS ROAD LAKELAND, FL 33811-2124	
2. Principal Place of Business 6134 Duboise Rd Suite, Apt. #, etc.		3. Mailing Address 6134 Duboise Rd Suite, Apt. #, etc.	
City & State Lakeland, FL Zip 33811 Country		City & State Lakeland, FL Zip 33811 Country	
4. FEI Number 20-0982592		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASBURY, BOB 5813 HENDRICKS ROAD LAKELAND, FL 33811-2124		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6134 Duboise Rd City Lakeland FL Zip Code 33811	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
(FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASBURY, BOB 5813 HENDRICKS ROAD LAKELAND, FL 33811-2124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, P 6134 Duboise Rd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Bob Asbury</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	