2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

REAND PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # P03000050895 FLORIDA LAWN AND LANDSCAPE PROS,INC 04-27-2006 90196 017 ***150.00 Principal Place of Business Mailing Address 4321 3 AVE W 4321 3 AVE W PALMETTO, FL 34221 PALMETTO, FL 34221 2. Principal Place of Business 3. Mailing Address 8634 Oliver Rd 8634 Oliver Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 Chq-P CR2E034 (11/05) City & State 4. FEI Number City & State Applied For Zeoharhills, FL Zephyrhills, CC 20-0017615 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box 33540 42*U* USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ook Davia ZOOK, DAVID L Street Address (P.O. Box Number is Not Acceptable) 4321 3 AVE W Oliver PALMETTO, FL 34221 City Zephyrhilk 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 registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE **☑** Change ☐ Addition 200K, David L 8634 Oliver Rd ZOOK, DAVID L NAME NAME STREET ADDRESS 4321 3 AVE W STREET ADDRESS Zephyrhills.FL 33540 CITY - ST - ZIP PALMETTO, FL 34221 CITY-ST-ZIP VΡ TITLE ☐ Defete TITLE Change ☐ Addition ZOOK, BROOKE D ZOOK, Brooke D 8634 Oliver Rd NAME NAME STREET ADDRESS 4321 3 AVE W STREET ADDRESS Zephyrhills, FL 33540 CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fifing 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

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