

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90135 046 ***150.00

DOCUMENT # P03000109494

1. Entity Name
EXOTIC TROPICS LANDSCAPING INC.



Principal Place of Business
800 SO. COURTNEY PARKWAY
MERRITT ISLAND, FL 32952

Mailing Address
740 CARRIAGE LANE
MERRITT ISLAND, FL 32952

50006756



2. Principal Place of Business

4540 N. Hwy US 1

3. Mailing Address

986 Terry Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072006

Chg-P

CR2E034 (11/05)

City & State

Palm Shores, FL

City & State

Melbourne, FL 32935

4. FEI Number

06-1707776

Applied For

Not Applicable

Zip

32935

Country

Brevard

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHMELZER, KIRT M
740 CARRIAGE LANE
MERRITT ISLAND, FL 32952

* Incorrect

Correct →

7. Name and Address of New Registered Agent

Name

Kirt Schmelzer

Street Address (P.O. Box Number is Not Acceptable)

986 Terry Drive

City

Melbourne

FL

Zip Code

32935

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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SCHMELZER, KIRT M
STREET ADDRESS 800 SO. COURTNEY PARKWAY
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 986 Terry Dr.
CITY-ST-ZIP Melbourne, FL 32935

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-751-9106