## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 17, 2006 08:00 AM Secretary of State

ANNOAL REPORT				Secretary of State		
1. Entity Name	MENT # P0300012603			,2 0 0 1	- J	
JOHN WA	LDING LANDSCAPE, INC.			_		
Principal Place 85016 EADY	•	Mailing Address 85016 EADY LANE	-	}		
YULEE, FL 3	<b>-</b> *	YULEE, FL 32097	<del></del> ·			I I I I I I I I I I I I I I I I I I I
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DO NOT WRITE IN THIS SPA				01122006	No Chg-P	CR2E034 (11/05)
			CE	4. FEI Number 20-040		Applied For Not Applicable
				<u> </u>	of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
WALDING	, JOHN H	-	DO	NOT WI	RITE	
85016 EADY LANE YULEE, FL 32097			\ \ 		THIS SP	
8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or registe	ered agent, or bo	th, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE Signature, typod 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 \$5 Trust Fund Contribution.   Add  Add  Add  Add  Add  Add  Add  A		5.00 May Be ded to Fees	UURRO 01/20/06	7389759 -80057-014 150.00
10.	OFFICERS AND DIR	ECTORS				
TITLE NAME	PD WALDING, JOHN H					·· ·-
STREET ADDRESS CITY-ST-ZIP	85016 EADY LANE YULEE, FL 32097					
TITLE	STD MATTER					
NAME STREET ADDRESS	WALDING, MATTIE R 85016 EADY LANE			•		
CITY-ST-ZIP	YULEE, FL 32097	<del></del>	1			
TITLE NAME						
STREET ADDRESS			DO NOT WRITE			
CHY-ST-ZIP			-		THIS SP	
NAME				11.4	IIIIO OF	AOL .
STREET ADDRESS GITY-ST-ZIP			1			
IITLE			<b>]</b>		··	
NAME STREET ADDRESS	}		<b>{</b>			
CITY-ST-ZIP	}		1			

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 distress 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RE AND TYPED ON PRINTED NAME OF SIGNING OPRISER OR DIRECTOR

1-12-06 Date (904) 707-1368 Daytime Phone 4