


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000135399 1. Entity Name COLLINS LANDSCAPE COMPANY, INC.	
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Principal Place of Business 6345 AVENUE G MCINTOSH, FL 32664	Mailing Address PO BOX 1095 MICANOPY, FL 32667
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0082283	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

COLLINS, PERRY R
6345 AVENUE G
MCINTOSH, FL 32664

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	U000000382279 01/11/06-80089-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, PERRY R PO BOX 1095 MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLLINS, MARY E PO BOX 1095 MICANOPY, FL 32667
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <i>Sybil Collins</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-9-06 <small>Date</small>	352-745-0851 <small>Daytime Phone #</small>
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