

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 16, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P03000145500</b><br>1. Entity Name<br><b>ALL STAR LANDSCAPE COMPANY, INC.</b> |  |
|---|---|

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|--|--|
| Principal Place of Business<br><b>P.O. BOX 12171<br/>TALLAHASSEE, FL 32317</b> | Mailing Address<br><b>P.O. BOX 12171<br/>TALLAHASSEE, FL 32317</b> |
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08142006 No Chg-P CR2E034 (11/05)

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|   |  |
|---|--|
| 4. FEI Number<br><b>51-0491011</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>BAILEY, BRIAN J<br/>3812 COTTINGHAM DRIVE<br/>TALLAHASSEE, FL 32303</b> |
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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

|   |  |   |
|---|--|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
|---|--|---|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>BAILEY, BRIAN J<br>3812 COTTINGHAM DRIVE<br>TALLAHASSEE, FL 32303 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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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

8/14/06  
Date

850 294 9051  
Daytime Phone #