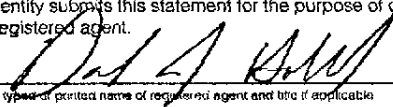


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000149540					
1. Entity Name DAN HOLLAND LANDSCAPING, INC.					
Principal Place of Business 14030 SE 51ST AVENUE SUMMERFIELD FL 34491			Mailing Address PO BOX 421 BELLEVIEW FL 34421		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0803589	
6. Name and Address of Current Registered Agent HOLLAND, DANIEL J 14030 SE 51ST AVENUE SUMMERFIELD FL 34491				7. Name and Address of New Registered Agent Name DANIEL J. HOLLAND Street Address (P.O. Box Number is Not Acceptable) 14030 SE 51ST AVE. City SUMMERFIELD FL Zip Code 34491	
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				DATE 2/15/06 (NOTE: Registered Agent signature required when reconstituting)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Add
NAME	HOLLAND, DANIEL J		NAME		
STREET ADDRESS	14030 SE 51ST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL 34491		CITY-ST-ZIP		
TITLE	S/T	☐ Delete	TITLE	☐ Change	☐ Add
NAME	HOLLAND, SHERYL R		NAME		
STREET ADDRESS	14030 SE 51ST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL 34491		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

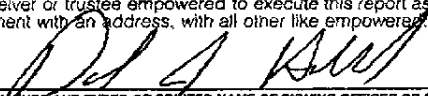
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

100000438076
03/01/06-R0032-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:



2/15/06

352-245-1872