

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90246 024 ***150.00

DOCUMENT # P03000158467

1. Entity Name
O'BIER LANDSCAPING INC.



Principal Place of Business
**4292 SW 62ND AVENUE
FORT LAUDERDALE, FL 33314**

Mailing Address
**4292 SW 62ND AVENUE
FORT LAUDERDALE, FL 33314**

50018477



2. Principal Place of Business

1600 N 69 terr

3. Mailing Address

1600 N 69 terr

Suite, Apt. #, etc.

Hollywood

Suite, Apt. #, etc.

Hollywood

City & State

FLORIDA

City & State

FLORIDA

04032006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-1174250

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33024-5626

Country
Broward

Zip
33024-5626

Country
Broward

6. Name and Address of Current Registered Agent

**O'BIER, CONNIE R
4292 SW 62ND AVENUE
FORT LAUDERDALE, FL 33314**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
O'BIER, CONNIE R
4292 SW 62ND AVENUE
FORT LAUDERDALE, FL 33314**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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:

Connie O'Bier

CONNIE R. O'BIER, Pres.

April 3, 06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #