## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 10, 2006 08:00 AM Secretary of State **DOCUMENT # P04000001495** RICK'S DESIGN & LANDSCAPE, INC. Principal Place of Business Mailing Address 8130 S E 147TH PL P.O. BOX 55 SUMMERFIELD, FL 34491 SUMMERFIELD, FL 34492 03082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied Far 13-4270744 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SHARP, THERESA M DO NOT WRITE 8130 S E 147TH PL SUMMERFIELD, FL 34491 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, typed or printed name of registered agent and fills if applicable INOTE. Recistered Agent signature required when reinstatings DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SHARP, RICHARD M NAME U00000497803 STREET ADDRESS 8130 S E 147TH PL 04/22/06-80069-012 150.b0 CITY-ST-ZIP SUMMERFIELD, FL 34491 TITLE HAME STREET ADDRESS City-St-DP NAME STREET ADDRESS DO NOT WRITE City-St-Zip TITLE IN THIS SPACE MARKE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CHTY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 115, 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:

NAME STREET ADDRESS CATY-ST-ZIP

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