2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000001601

1. Entity Name
TARA LANDSCAPE, INC.

Principal Place of Business	Mailing Address
310 SHREVE ST PUNTA GORDA, FL 33950	310 SHREVE ST PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

07122006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0620402	Not Applicable

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

6. Name and Address of Current Registered Agent

LEBLANC, TARA
310 SHREVE ST
PUNTA GORDA, FL 33950

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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 _Tara A. LeBlanc and David LeBlanc_

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 **Due by September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		
TITLE	PT		
NAME	LEBLANC, DAVID S		
STREET ADDRESS	310 SHREVE ST		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		
TITLE	VS		
NAME	LEBLANC, TARA		
STREET ADDRESS	310 SHREVE ST		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		
TITLE			
NAME			
STREET ADDRESS			
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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: _Tara A. LeBlanc_   8/5/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #