


2006 FOR PROFIT CORPORATION ANNUAL REPORT

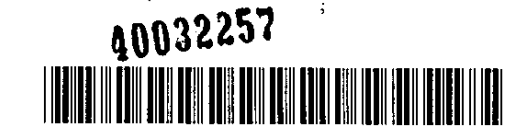
FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90232 020 ***150.00

DOCUMENT # P04000005777	
1. Entity Name LANDSCAPING, SOD & IRRIGATION, INC.	

Principal Place of Business 2361 BENDIXEN ST PORT CHARLOTTE, FL 33953	Mailing Address 2361 BENDIXEN ST PORT CHARLOTTE, FL 33953
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01262006 Chg-P CR2E034 (11/05)

4. FEI Number 30-0025481 APPLIED FOR	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
--	---	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent TAYLOR, SAM 2361 BENDIXEN ST PORT CHARLOTTE, FL 33953	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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: _____
---	-------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE - NAME PRES TAYLOR, SAM STREET ADDRESS 2361 BENDIXEN STREET CITY-ST-ZIP PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete	TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME VP TAYLOR, LINDA M STREET ADDRESS 2361 BENDIXEN STREET CITY-ST-ZIP PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete	TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME SEC TAYLOR, SAM STREET ADDRESS 2361 BENDIXEN STREET CITY-ST-ZIP PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Delete	TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE - NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Linda Taylor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>1/29/06</i>	Daytime Phone #: <i>941-621-6139</i>
---	----------------------	--------------------------------------