

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000012947

1. Entity Name  
WORD OF MOUTH TREES AND LANDSCAPING, INC.



Principal Place of Business  
902 SNOWDEN DR.  
LAKE WORTH, FL 33461-5737

Mailing Address  
902 SNOWDEN DR.  
LAKE WORTH, FL 33461-5737

**DO NOT WRITE IN THIS SPACE**

**FILED  
Feb 21, 2006 8:00 am  
Secretary of State**

02-21-2006 90015 011 \*\*\*150.00



02112006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0653798	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEEPER, DENISE 902 SNOWDEN DR. LAKE WORTH, FL 33461-5737

**DO NOT WRITE  
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 \_\_\_\_\_  
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LEEPER, STEVE
STREET ADDRESS	902 SNOWDEN DR.
CITY-ST-ZIP	LAKE WORTH, FL 334615737
TITLE	VP
NAME	LEEPER, DENISE
STREET ADDRESS	902 SNOWDEN DR.
CITY-ST-ZIP	LAKE WORTH, FL 334615737
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Denise Leeper* *Denise Leeper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-06 561-740-4030  
Date Dayline Phone #