


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90408 011 \*\*\*150.00

<b>DOCUMENT # P04000015569</b> 1. Entity Name <b>AL JENKINS WATERSCAPING INC.</b>					
Principal Place of Business <b>968 S.W. MARTIN DOWNS BLVD. PALM CITY, FL 34990 US</b>			Mailing Address <b>968 S.W. MARTIN DOWNS BLVD PALM CITY, FL 34990 US</b>		
2. Principal Place of Business <b>211 S. Colorado Ave</b> Suite, Apt. #, etc. <b>#2</b>		3. Mailing Address <b>211 S. Colorado Ave</b> Suite, Apt. #, etc. <b>#2</b>			
City & State <b>Stuart FL</b>		City & State <b>Stuart FL</b>		4. FEI Number <b>05-0595588</b>	
Zip <b>34494</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JENKINS, CATHY 968 S.W. MARTIN DOWNS BLVD PALM CITY, FL 34990</b>			7. Name and Address of New Registered Agent Name <b>Cathy Jenkins</b> Street Address (P.O. Box Number is Not Acceptable) <b>211 S. Colorado Ave #2</b> City <b>Stuart</b> <b>FL</b> Zip Code <b>34494</b>		
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 <u><i>Cathy Jenkins</i></u> <b>Cathy Jenkins (VP)</b> <b>4-18-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-statuting) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JENKINS, AL</b> <input type="checkbox"/> Delete <b>17086 31ST ROAD NORTH</b> <b>LOXAHATCHEE, FL 33470</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jenkins, AL</b> <b>2533 S.W. National Cir.</b> <b>Port St. Lucie FL 34953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>JENKINS, CATHY</b> <b>17086 31ST ROAD NORTH</b> <b>LOXAHATCHEE, FL 33470</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jenkins, Cathy</b> <b>2533 S.W. National Cir</b> <b>Port St. Lucie FL 34953</b>	
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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: <u><i>Cathy Jenkins</i></u> <b>Cathy Jenkins</b> <b>4-18-06</b> <b>772-463-9193</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					