


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90408 011 ***150.00

DOCUMENT # P04000015569

1. Entity Name
AL JENKINS WATERSCAPING INC.



Principal Place of Business Mailing Address
968 S.W. MARTIN DOWNS BLVD. **968 S.W. MARTIN DOWNS BLVD**
PALM CITY, FL 34990 US **PALM CITY, FL 34990 US**

2. Principal Place of Business 3. Mailing Address
211 S. Colorado Ave **211 S. Colorado Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#2 **#2**

City & State City & State
Stuart FL **Stuart FL**
 Zip Country Zip Country
34994 USA **34994 USA**

04192006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
05-0595588 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JENKINS, CATHY
968 S.W. MARTIN DOWNS BLVD
PALM CITY, FL 34990

7. Name and Address of New Registered Agent
 Name **Cathy Jenkins**
 Street Address (P.O. Box Number is Not Acceptable)
211 S. Colorado Ave #2
 City State Zip Code
Stuart FL 34994

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: *Cathy Jenkins* **Cathy Jenkins (VP)** **4-18-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, AL 17086 31ST ROAD NORTH LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JENKINS, CATHY 17086 31ST ROAD NORTH LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, CATHY 17086 31ST ROAD NORTH LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jenkins, AL 2533 S.W. National Cir. Port St. Lucie FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jenkins, Cathy 2533 S.W. National Cir Port St. Lucie FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jenkins, Cathy 2533 S.W. National Cir Port St. Lucie FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Cathy Jenkins* **Cathy Jenkins** **4-18-06** **772-463-9193**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #