


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

03-16-2006 90221 046 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000032755			
1. Entity Name WADE SMITH LANDSCAPING & LAWN CARE, INC.			
Principal Place of Business 16433 E PIMLICO DRIVE LOXAHATCHEE, FL 33470 US		Mailing Address 16433 E PIMLICO DRIVE LOXAHATCHEE, FL 33470 US	
2. Principal Place of Business 315 SW 2nd Ave Suite, Apt. #, etc.		3. Mailing Address 315 SW 2nd Ave Suite, Apt. #, etc.	
City & State Boynton Beach FL		City & State Boynton Beach FL	
Zip 33435		Country US	
4. FEI Number 20-0760923		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, WADE 16433 E PIMLICO DRIVE LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name: Smith, Wade Street Address (P.O. Box Number is Not Acceptable) 315 SW 2nd Ave City: Boynton Beach FL Zip Code: 33435	
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: Wade D Smith President DATE: 3-14-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 STREET ADDRESS CITY-ST-ZIP	P SMITH, WADE 16433 E PIMLICO DRIVE LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Smith, Wade 315 SW 2nd Ave Boynton Beach FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Wade D Smith President		3-14-06 561-248-6338	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	