
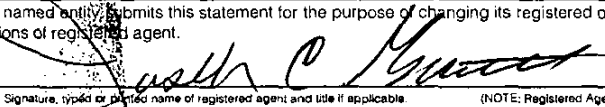
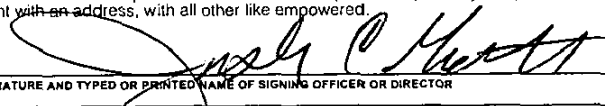


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90021 037 ***150.00

DOCUMENT # P04000045824			
1. Entity Name EDGING SUCCESS LANDSCAPING INC			
Principal Place of Business 11 LAKESIDE PLACE EAST PALM COAST, FL 32137		Mailing Address 11 LAKESIDE PLACE EAST PALM COAST, FL 32137	
2. Principal Place of Business 14 UTILITY DRIVE Suite, Apt. #, etc. UNIT # 60		3. Mailing Address P.O. Box 353438 Suite, Apt. #, etc.	
City & State PALM COAST, FL		City & State PALM COAST, FL	
Zip 32137	Country FLAGLER	Zip 32135	Country FLAGLER
6. Name and Address of Current Registered Agent GOSSETT, JOSEPH C 11 LAKESIDE PLACE EAST PALM COAST, FL 32137		4. FEI Number 20-0853681	
7. Name and Address of New Registered Agent Name GOSSETT, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 14 UTILITY DRIVE UNIT # 60 City PALM COAST, FL Zip Code 32137		Applied For <input type="checkbox"/> Not Applicable	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE: 		DATE: MAR 17, 2006	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>		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 GOSSETT, JOSEPH C 11 LAKESIDE PLACE EAST PALM COAST, FL 32137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOSSETT, JOSEPH C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14 UTILITY DRIVE, UNIT # 60 PALM COAST, FL 32137
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
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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
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: 		DATE: MAR 17, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	