

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000063097

1. Entity Name
AFFORDABLE LANDSCAPE SOLUTIONS, INC.



Principal Place of Business
**5207 RUNDLE RD.
ORLANDO, FL 32810-1825**

Mailing Address
**5207 RUNDLE RD.
ORLANDO, FL 32810-1825**



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1175909	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

**BOGNER, TRACEY S
5207 RUNDLE RD.
ORLANDO, FL 32810-1825**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	D
NAME	BOGNER, TRACEY S
STREET ADDRESS	5207 RUNDLE RD.
CITY-ST-ZIP	ORLANDO, FL 328101825

TITLE	
NAME	
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CITY-ST-ZIP	

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05/11/06-80084-003 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 407-468-1934
Date Daytime Phone #