2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000064641

1. Entity Name
LIVING COLOUR LANDSCAPING INC

Principal Place of Business	Mailing Address
6615 W. BOYNTON BCH BLVD., #138 BOYNTON BCH, FL 33437-3526	6615 W. BOYNTON BCH BLVD., #138 BOYNTON BCH, FL 33437-3526

DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1039916
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLANVILLE, SIMON
8764 CORAL REEF ST.
LAKE WORTH, FL 33467

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

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	PTD
NAME	GLANVILLE, SIMON
STREET ADDRESS	6615 W. BOYNTON BCH BLVD., #138
CITY-ST-ZIP	BOYNTON BCH, FL 334373526
TITLE	VSD
NAME	GLANVILLE, JUSTINE
STREET ADDRESS	6615 W. BOYNTON BCH BLVD., #138
CITY-ST-ZIP	BOYNTON BCH, FL 334373526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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02/02/06-80018-001 150.00

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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: Simon Glanville 1/22/06 561-966-6903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #