

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90419 010 ***150.00

DOCUMENT # P04000069000

1. Entity Name
 LANDSCAPES USA OF S.W. FLA., INC.



Principal Place of Business
 2614 TAMIAMI TRAIL
 PMB 510
 NAPLES, FL 34103

Mailing Address
 COSTELLO & ROYSTON
 P.O. BOX 60205
 FT. MYERS, FL 33906

2. Principal Place of Business
 2614 N. TAMIAMI TRAIL
 Suite, Apt. #, etc.
 PMB 510

3. Mailing Address
 COSTELLO & ROYSTON
 Suite, Apt. #, etc.
 P.O. Box 60205

City & State
 NAPLES, FL

City & State
 FT. MYERS, FL

Zip
 34103

Country
 USA

Zip
 33906

Country
 USA

02172006 Chg-P CR2E034 (11/05)



4. FEI Number
 43-2049786

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

6. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR.
 12670 NEW BRITTANY BLVD., STE. 101
 FT. MYERS, FL 33907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WARD, DAVID A 12595 LAKESHORE ROMEO, MI 48065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 19, 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:  03/28/06 810-560-6309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #