

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000074636

1. Entity Name
SOUTH UNION LAND & SITE PREP INC.



Principal Place of Business
1197 SOUTHWEST ACKARD AVENUE
PORT ST. LUCIE, FL 34953

Mailing Address
1197 SOUTHWEST ACKARD AVENUE
PORT ST. LUCIE, FL 34953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TAYLOR, ILLIANA D
1197 SOUTHWEST ACKARD AVENUE
PORT ST. LUCIE, FL 34953

7. Name and Address of New Registered Agent

Name: RODNEY A TAYLOR
Street Address (P.O. Box Number is Not Acceptable)
1197 SW ACKARD AVE

City: PORT ST. LUCIE FL Zip Code: 34953

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:

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/26/06

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: P
NAME: TAYLOR, ILLIANA D
STREET ADDRESS: 1197 SOUTHWEST ACKARD AVENUE
CITY-ST-ZIP: PORT ST. LUCIE, FL 34953

Delete

TITLE: S
NAME: TAYLOR, ILLIANA D
STREET ADDRESS: 1197 SOUTHWEST ACKARD AVENUE
CITY-ST-ZIP: PORT ST. LUCIE, FL 34953

Delete

TITLE: D
NAME: TAYLOR, ILLIANA D
STREET ADDRESS: 1197 SOUTHWEST ACKARD AVENUE
CITY-ST-ZIP: PORT ST. LUCIE, FL 34953

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TITLE: VP
NAME: TAYLOR, RODNEY A
STREET ADDRESS: 1197 SOUTHWEST ACKARD AVENUE
CITY-ST-ZIP: PORT ST. LUCIE, FL 34953

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TITLE: D
NAME: TAYLOR, RODNEY A
STREET ADDRESS: 1197 SOUTHWEST ACKARD AVENUE
CITY-ST-ZIP: PORT ST. LUCIE, FL 34953

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
May 03, 2006 8:00 am
Secretary of State**

05-03-2006 90222 027 ***150.00

40081798



04242006 Chg-P CR2E034 (11/05)

4. FEI Number **26-0086299** Applied For
APPLIED FOR Not Applicable

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