

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

60011090

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02-03-2006 90002 035 ***150.00

P04000075079

**1. Entity Name
DEPOT LANDSCAPING OF FLORIDA, INC.**

Principal Place of Business PO BOX 570 LYNN HAVEN, FL 32444	Mailing Address PO BOX 570 LYNN HAVEN, FL 32444
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60011090

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01302006 ☐ **Applied For**
20-1591136 ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75** ☒

6. Name and Address of Current Registered Agent

**MCDUFFIE, WALKER
158 CANDLEWICK CIRCLE
LYNN HAVEN, FL 32444**

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 _____ DATE _____
(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** ☐

10. OFFICERS AND DIRECTORS

TITLE	President <input type="checkbox"/> Delete
NAME	MCDUFFIE, WALKER
STREET ADDRESS	158 CANDLEWICK CIRCLE
CITY - ST - ZIP	LYNN HAVEN, FL 32444

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-30-06** Daytime Phone # _____