## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 14, 2006 08:00 AN DOCUMENT # P04000083760 **Secretary of State** PLANTATION LAWN MAINTENANCE, INC. Mailing Address Principal Place of Business 3705 N COURTENAY PARKWAY 3705 N COURTENAY PARKWAY MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 No Chg-P CR2E034 (11/05) 01192006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1142564 Not Applicable \$8.75 Additional $\Box$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOUCHER, MICHAEL G DO NOT WRITE 3705 N COURTENAY PARKWAY MERRITT ISLAND, FL 32953 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 1111 F MARIE BOUCHER, MICHAEL G 3705 N COURTENAY PARKWAY STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 U00000509970 04/28/06-80065-016 150.00 STREET ADDRESS CITY-53-2P THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAATE STREET ADDRESS CITY-ST-ZIP THLE STREET ADDRESS CUY- St- 7IE

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: White

TOLE NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR