

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000085034

1. Entity Name
SPACECOAST LANDSCAPE GROUP, INC.



Principal Place of Business
203 TAYLOR AVE
1
CAPE CANAVERAL, FL 32920

Mailing Address
203 TAYLOR AVE
1
CAPE CANAVERAL, FL 32920



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0877042

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

IMHOFF, DENNIS
203 TAYLOR AVE
1
CAPE CANAVERAL, FL 32920

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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

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

(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

1100000553568
05/15/06-80055-008 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
P
IMHOFF, DENNIS
STREET ADDRESS
203 TAYLOR AVE.
CITY-ST-ZIP
CAPE CANAVERAL, FL 32920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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:

Dennis Imhoff

DENNIS IMHOFF PRES. 26 Apr 06 (321) 446-045.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #