

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000112494**

1. Entity Name  
**GULFCOAST LAWN AND SHRUB CARE, INC.**



Principal Place of Business      Mailing Address

**14688 ESCALANTE WAY**      **14688 ESCALANTE WAY**  
**BONITA SPRINGS, FL 34135**      **BONITA SPRINGS, FL 34135**

**DO NOT WRITE IN THIS SPACE**



04112006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**20-1433704**       Not Applicable

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

6. Name and Address of Current Registered Agent

**GULLIAM, PATRICK M**  
**14688 ESCALANTE WAY**  
**BONITA SPRINGS, FL 34135**

**DO NOT WRITE 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 \_\_\_\_\_ (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**

000001507244  
 04/27/06-80056-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WARCHOL, CHRISTOPHER S
STREET ADDRESS	6380 ARAGON WAY, APT 204
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	VP
NAME	GULLIAM, PATRICK M
STREET ADDRESS	14688 ESCALANTE WAY
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** \_\_\_\_\_      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR