

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90011 009 ***158.75

DOCUMENT # P04000123943

1. Entity Name
FLORIDA LANDSCAPE DOCTOR, INC.



Principal Place of Business
**1900 WILLIAMS ROAD
PLANT CITY, FL 33565**

Mailing Address
**1900 WILLIAMS ROAD
PLANT CITY, FL 33565**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Plant City, FL

Zip

Country

Zip
33563-0038 Hillsborough

Country

03242006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-1607054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VALENTINE, R. KEITH
1900 WILLIAMS ROAD
PLANT CITY, FL 33565**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

R. Keith Valentine
(NOTE: Registered Agent signature required when re-registering)

DATE

3-27-06

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
VALENTINE, R. KEITH
1900 WILLIAMS ROAD
PLANT CITY, FL 33565** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
VALENTINE, RACHEL F
1900 WILLIAMS ROAD
PLANT CITY, FL 33565** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
VALENTINE, JOHN T JR
1900 WILLIAMS ROAD
PLANT CITY, FL 33565** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2035 Williams Road
Plant City, FL 33565** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

R. Keith Valentine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-06

813 754-2550