## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000148092

1. Entity Name

NEW IMAGES LAWN SERVICE OF CENTRAL FLORIDA,



FILED
Aug 02, 2006 08:00 Al
Secretary of State

Principal Place of Business

1306 HEDGECOTH STREET NW PALM BAY, FL 32907 Mailing Address

1306 HEDGECOTH STREET NW PALM BAY, FL 32907



02222006

No Chg-P

CR2E034 (11/05)

4. FEI Number 55-0884861

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

POOLE, WAYNE M 1306 HEDGECOTH STREET NW PALM BAY, FL 32907

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>					
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when					DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees		U00000573065 08/02/06-80001-001 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOLE, WAYNE M 1306 HEDGECOTH STREET NW PALM BAY, FL 32907		, .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				• .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				, S. C	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR