
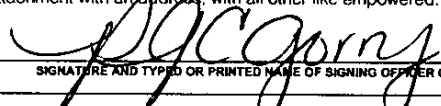


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90257 031 ***150.00

DOCUMENT # P05000009126 1. Entity Name MANATEE LANDSCAPING, INC.			
Principal Place of Business 1685 NORTH HERMITAGE ROAD FORT MYERS, FL 33919		Mailing Address 1685 NORTH HERMITAGE ROAD FORT MYERS, FL 33919	
2. Principal Place of Business 7018 OVERLOOK DR.		3. Mailing Address 7018 OVERLOOK DR.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Fort Myers FL		City & State Fort Myers, FL	
Zip 33919		Zip 33919	
Country LEE		Country LEE	
4. FEI Number 34-2031691		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORRY, ROBIN JC 1685 N HERMITAGE ROAD FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7018 OVERLOOK DRIVE City Fort Myers FL Zip Code 33919	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GORRY, ROBIN JC 1685 N HERMITAGE ROAD FORT MYERS, FL 33919	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBIN JC GORRY 7018 OVERLOOK DRIVE FORT MYERS FL 33919	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GORRY, ROBIN JC 1685 N HERMITAGE ROAD FORT MYERS, FL 33919	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROBIN JC GORRY 7018 OVERLOOK DRIVE FORT MYERS FL 33919	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date 1-11-06 Daytime Phone # 239 482-4849	