



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90036 009 ***150.00

DOCUMENT # P05000033256 1. Entity Name OSLO OAKS LANDSCAPE, INC.					
Principal Place of Business 4523 6TH LANE, SW VERO BEACH, FL 32968			Mailing Address 4523 6TH LANE, SW VERO BEACH, FL 32968		
2. Principal Place of Business 1926 14th Ave		3. Mailing Address 1926 14th Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Vero Beach FL		City & State Vero Beach FL		4. FEI Number 20-2471181	
Zip 32960		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGANN, KENNETH A. 4523 6TH LANE, SW VERO BEACH, FL 32968				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. <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	D MCGANN, KENNETH A. 4523 6TH LANE, SW VERO BEACH, FL 32968	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORWITZ, STEPHEN M. 7401 CABANA LANE FT. PIERCE, FL 34951	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 information empowered.					
SIGNATURE: <u>Kenneth McGann</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-4-06</u> Daytime Phone # <u>772-978-1610</u>			