

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90048 009 ***150.00

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1. Entity Name

WEEDO'S LANDSCAPE SUPPLY, INC.



Principal Place of Business

1071 S NOVA RD
ORMOND BEACH FL 32174

Mailing Address

1071 S NOVA RD
ORMOND BEACH FL 32174



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEEDO, KEITH
1071 S NOVA RD
ORMOND BEACH FL 32174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
Delete ☐

BOB T
WEEDO, KEITH
1071 S NOVA RD
ORMOND BEACH FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

S
WEEDO, TIM
1071 S NOVA RD
ORMOND BEACH FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

P
WEEDO, MARY
1071 S NOVA RD
ORMOND BEACH FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
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CITY-ST-ZIP
Change ☐ Addition ☐

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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 Section 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:

Keith Weedo

Keith Weedo

2-8-06

386 672 1837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #