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Mar 29, 2006 8:00 am
Secretary of State

03-13-2006 90063 045 ***150.00

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000060192

1. Entity Name
GROUND PRESERVE LANDSCAPE CONTRACTORS, INC.

66007563

Principal Place of Business	Mailing Address
647 LAKE HARBOR CIRCLE ORLANDO, FL 32809	647 LAKE HARBOR CIRCLE ORLANDO, FL 32809

02222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
697 LAKE HARBOR CIRCLE		697 LAKE HARBOR CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO, FL		City & State: ORLANDO, FL	
Zip: 32809	Country: ORANGE	Zip: 32809	Country: ORANGE

4. FEI Number: 20-2782330 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENCON, JOHN
647 LAKE HARBOR CIRCLE
ORLANDO, FL 32809

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 697 LAKE HARBOR CIRCLE

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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BENCON, JOHN		NAME		
STREET ADDRESS	~~647 LAKE HARBOR CIRCLE~~		STREET ADDRESS	697 LAKE HARBOR CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	DVPS	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BENCON, ANNETTE		NAME		
STREET ADDRESS	~~647 LAKE HARBOR CIRCLE~~		STREET ADDRESS	697 LAKE HARBOR CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: X [signature] 3/10/06 321-689-5142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #