

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90390 028 ***150.00

DOCUMENT # P05000070862

1. Entity Name
PRESIDENTIAL LANDSCAPE, INC.



Principal Place of Business
**15350 AMBERLY DRIVE
SUITE 3824
TAMPA, FL 33647**

Mailing Address
**15350 AMBERLY DRIVE
SUITE 3824
TAMPA, FL 33647**

2. Principal Place of Business
23527 Oaksid Blvd
Suite, Apt. #, etc.

3. Mailing Address
23527 Oaksid Blvd
Suite, Apt. #, etc.

City & State
Lutz, FL

City & State
Lutz, FL

Zip
33559

Country

Zip
33559

Country

03212006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-2817042

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, LINCOLN G
15350 AMBERLY DRIVE
SUITE 3824
TAMPA, FL 33647**

7. Name and Address of New Registered Agent

Name
Adams, Lincoln G
Street Address (P.O. Box Number is Not Acceptable)
23527 Oaksid Blvd
City
Lutz **FL** Zip Code
33559

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADAMS, LINCOLN G 15350 AMBERLY DRIVE, SUITE 3824 TAMPA, FL 33647	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D,P Adams, Lincoln G 23527 Oaksid Blvd Lutz, FL 33559	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

813 6795480

Daytime Phone #