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FILED
Jun 22, 2006 8:00 am
Secretary of State
05-01-2006 90459 037 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000074637

1. Entity Name
GROUND COVER SOLUTIONS INCORPORATED

Principal Place of Business	Mailing Address
6584 MAGNOLIA LN FT. MYERS, FL 33912	6584 MAGNOLIA LN FT. MYERS, FL 33912

04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 54-2149506 ☐ 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
SHIREY, SHANE 6584 MAGNOLIA LN FT. MYERS, FL 33912	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: ______ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIREY, SHANE 6584 MAGNOLIA LN FT. MYERS, FL 33912	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENA, CHRISTOBAL 2213 LILLY RD FT. MYERS, FL 33905	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, KEATON 1368 NUNA AVE FT. MYERS, FL 33905	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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] 4-26-06

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