


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90040 008 \*\*\*150.00

**DOCUMENT # P05000078677**

1. Entity Name  
**SOUTHERN LANDSCAPING OF BREVARD, INC.**



Principal Place of Business      Mailing Address  
**497 SOUTH RIVER OAKS DRIVE**      **497 SOUTH RIVER OAKS DRIVE**  
**INDIALANTIC, FL 32903**      **INDIALANTIC, FL 32903**

**00003819**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

03152006    Chg-P    CR2E034 (11/05)

City & State      City & State

4. FEI Number      Applied For  
**20-3088158**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent

**ENGLE, SUSAN R**  
**497 SOUTH RIVER OAKS DRIVE**  
**INDIALANTIC, FL 32903**

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 *Susan R. Engle*      DATE **3/15/06**

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

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>HATCHER, DONALD R</b>
STREET ADDRESS	<b>497 SOUTH RIVER OAKS DRIVE</b>
CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>ENGLE, SUSAN R</b>
STREET ADDRESS	<b>497 SOUTH RIVER OAKS DRIVE</b>
CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>ENGLE, SUSAN R</b>
STREET ADDRESS	<b>497 SOUTH RIVER OAKS DRIVE</b>
CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>ENGLE, SUSAN R</b>
STREET ADDRESS	<b>497 SOUTH RIVER OAKS DRIVE</b>
CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 title empowered.

SIGNATURE *Susan R. Engle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/15/06**      Daytime Phone # **321-543-8172**