## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90201 010 \*\*\*150.00

SIGNATURE:

DOCUMENT # P05000080330 EXECUTIVE LANDSCAPING SERVICES, INC. 40067167 Principal Place of Business Mailing Address 316 BUTTONWOOD LANE 316 BUTTONWOOD LANE **BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426** 2: Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04132006 City & State City & State 4. FEI Number Applied For 20-294626 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GLICK LAW FIRM, P.A. Street Address (P.Q. Box Number is Not Acceptable) 2255 GLADES ROAD SUITE 324-A BOCA RATON, FL 33431 City 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 signiture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME EDLING, ROGER S NAME STREET ADDRESS STREET ADORESS 316 BUTTONWOOD LANE BOYNTON BEACH, FL 33426 CITY-ST-ZIP CATY-ST-ZIP Delete TITLE Change Addition **FDLING ROGERS** NAME NAME STREET ADDRESS 316 BUTTONWOOD LANE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33426 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition **EDLING, ROGER S** NAME STREET ADORESS 316 BUTTONWOOD LANE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33426 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TULE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 inustee 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR