2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 8:00 am Secretary of State

DOCUMENT # P05000098061 1. Entity Name TIMBERS LANDSCAPING SERVICE, INC.				02-06-2006 90087 024 ***150.00				
Principal Plac	e of Business	Malling Address		-{	bbt	1441	3	
17140 SLATER ROAD 17140 SLATER ROAD NORTH FORT MYERS, FL 33917 US NORTH FORT MYERS, FL 3391								DIESI A 1891.
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apr., #, etc.	Suite, Apt, #, etc.		Chg-P	CR2E034	(11/05)	
City & State		City & State	City & State		32143			oplied For of Applicable
Zip	Country	Zip	Country	5. Certificate of 5			8.75 Add	ditional
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6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
REEVES, CARLENE M 17140 SLATER ROAD NORTH FORT MYERS, FL 33917				Street Address (P.O. Box Number is Not Acceptable)				
						<u> </u>		
							_	
			City			FL	Zip Cod	e
	named entity submits this statement hins of registered agent.	or the purpose of changing	its registered office or registe	ared agent, or both, i	n the State of Flor	rida, I am far	niliar with.	and accept
J								
	Signeture, typed or printed name of regulared agon	and side if epideceble. Di	OTE. Proglatered Agent signature require	to when reinstating!		DATE		
After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Cam Trust Fund Ca	paign Financing\$5	5.00 May Be ded to Fees		_		
After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Cam Trust Fund Co	paign Financing \$5 ontribution. Ad	5.00 May Be ded to Fees	ANGES TO OFFI	_	IRECTOR	S (N 11
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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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TILE

NAME

Delete

STREET ADDRESS

CITY-ST-ZIP

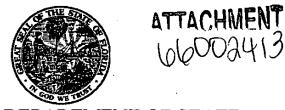
CITY-ST-ZZP

HUSKE STREET ADDRESS

239-74-7272

☐ Change

☐ Addition



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2006

TIMBERS LANDSCAPING SERVICE, INC. 17140 SLATER ROAD NORTH FORT MYERS, FL 33917 US

Subject: TIMBERS LANDSCAPING SERVICE, INC.

Reference Number:

P0500009806

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION