## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000103284

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SEBRING, FL 33876

7713 BIG MAC DRIVE

SEBRING, FL 33876

LYNCH, GALE

( ) Delete

FILED Mar 23, 2006 Secretary of State

Entity Nar	ne: FLORIC	)A BACKYARD & PATIO, IN(	О.					
Current Principal Place of Business:				New Principal Place of Business:				
4470 US H SEBRING,	IGHWAY 27 FL 33870	SOUTH						
Current Mailing Address:				New Mailing Address:				
4470 US H SEBRING,	IGHWAY 27 FL 33870	SOUTH						
FEI Number:	20-3201210	FEI Number Applied For()	FEI Numb	er Not Appli	cable ( )	Certifica	ate of Status De	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
445 SOUT SEBRING,	FL 33870	CE AVENUE US						
	named entity of Florida.	y submits this statement for t	he purpose of o	changing it	s registered	office or r	egistered age	nt, or both,
SIGNATUR	RE:							
	Electro	onic Signature of Registered	Agent				Date	
Election Car	npaign Financi	ng Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	PD ( LYNCH, MICH 7713 BIG MA SEBRING, FL	C DRIVE	N A	itle: lame: ddress: city-St-Zip:	PD MORGAN, Do 7711 BIG MA SEBRING, FI	C DRIVE	( ) Addition	
Title: Name: Address: City-St-Zip:	VPD ( MORGAN, DO 7711 BIG MA SEBRING, FL	C DRIVE	N A	itle: lame: ddress: city-St-Zip:	VPD KOHLSCHEE 7711 BIG MA SEBRING, FI	C DRIVE		
Title: Name: Address:	,	( ) Delete N, KIMBERLY A C DRIVE	N	itle: lame: ddress:		( ) Change	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

TD

MORGAN, DONALD L

7711 BIG MAC DRIVE

SEBRING, FL 33876

(X) Change ( ) Addition

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DONALD L. MORGAN PD 03/23/2006