

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90024 022 \*\*\*150.00

**DOCUMENT # P05000107306**

1. Entity Name  
**GOLDEN LEAF LANDSCAPING SERVICES, INC.**



Principal Place of Business  
**4803 WEBBER STREET  
SARASOTA, FL 34232**

Mailing Address  
**4803 WEBBER STREET  
SARASOTA, FL 34232**

40100111



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07212006 Chg-P CR2E034 (11/05)

4. FEI Number  
**13-4303603**

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

**BACON, BLAINE  
4803 WEBBER STREET  
SARASOTA, FL 34232**

Name  
**Bacon, Blaine**

Street Address (P.O. Box Number is Not Acceptable)

**6292 Tower Lane, #6**

City **Sarasota**

**FL**

Zip Code  
**34240**

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]*

**Blaine Bacon**

**7/21/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MALLORY, RBIN L**  
CITY-ST-ZIP **4803 WEBBER STREET  
SARASOTA, FL 34232**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BACON, BLAINE**  
CITY-ST-ZIP **4803 WEBBER STREET  
SARASOTA, FL 34232**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Mallory, Robin L.**  
STREET ADDRESS **6292 Tower Lane, #6**  
CITY-ST-ZIP **Sarasota, FL 34240**

TITLE ☒ Change ☐ Addition  
NAME **Bacon, Blaine**  
STREET ADDRESS **6292 Tower Lane, #6**  
CITY-ST-ZIP **Sarasota, FL 34240**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: *Rob L Mallory*

**Robin L. Mallory**

**7/21/06**

**(941) 544-1002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #