

FILED
Jan 27, 2006 8:00 am
Secretary of State

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| DOCUMENT # P05000109190 1. Entity Name CENTRAL FLORIDA LANDSCAPING & CONCRETE, INC. | | 01-27-2006 90022 049 ***150.00 | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 10220 SE 155TH ST. SUMMERFIELD, FL 34491 | | Mailing Address 10220 SE 155TH ST. SUMMERFIELD, FL 34491 | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent MIKELL, JAIME A 545 N. UMATILLA BLVD. UMATILLA, FL 32784 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div> | | | | | | | | | | | | | | | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width:70%;">PD MELLADO, ALEXANDER P. O. BOX 1482 LADY LAKE, FL 32159 <div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr></table> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MELLADO, ALEXANDER P. O. BOX 1482 LADY LAKE, FL 32159 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width:70%;">EDNA MELLADO 10220 SE 155TH ST SUMMERFIELD FL 34491 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>OFFICER ERIC RODRIGUEZ 10220 SE 155th ST SUMMERFIELD FL 34491 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>OFFICER BARTOLOME MARCOS 10220 SE 155th St SUMMERFIELD FL 34491 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr></table> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EDNA MELLADO 10220 SE 155TH ST SUMMERFIELD FL 34491 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICER ERIC RODRIGUEZ 10220 SE 155th ST SUMMERFIELD FL 34491 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICER BARTOLOME MARCOS 10220 SE 155th St SUMMERFIELD FL 34491 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
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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. | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: | | Date: 1-24-06 | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | | | | | | | | | | | | | | | | | | | |