2006 FOR PROFIT CORPORATION ANNUAL REPORT

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		49 ***15	0.00
Principal Place of Business Mailing Address									νυνυν	UIU		
10220 SE 155TH ST. SUMMERFIELD, FL 34491			10	10220 SE 155TH ST. SUMMERFIELD, FL 34491								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.				01242006	Chg-P	CR2E(34 (11/05)	
City & State				City & State				4. FEI Number	3240	2/9	7 N	oplied For ot Applicable
Zip 	Country			Zip Coun		try			of Status Desired	_	\$8.75 Ad Fee Require	
	6. Name	and Address of Current	Registe	red Agent				7. Name and	Address of New	Registered	Agent	
MIKELL, JAIME A 545 N. UMATILLA BLVD. UMATILLA, FL 32784						Name Street Address (P.O. Box Number is Not Acceptable)						
						City				FL	Zip Coc	le
8. The above the obligat	tions of regist	y submits this statement for ered agent. or printed name of registered agent						ed agent, or bot	h, in the State of F	Florida. I am	familiar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.							\$5. Adde	00 May Be ed to Fees			•	
10.		OFFICERS AND	DIRECT	ORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	PD			☐ Delete	TITLE						Change	☐ Addition
NAME					NAME							
STREET ADDRESS						T ADDRESS						
CJTY-ST-ZIP						ST-ZIP						
TITLE NAME STREET ADDRESS				☐ Delete	NAME	T DDRESS	13	OZZO	MELLA SE 195 GXLV F	100 S. ZI. 2	Change	Addition
CITY-ST-ZIP					CITY-	ST-ZIP	50	MMEL	GXLD F	2 3	449.	
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TITLE				☐ Delete	TITLE	APPT A	מים	OIHIDI(I	. - 1	24421	☐ Change	Addition
NAME					NAME	OFFI¢	EK.	ARTOLON	E MARCO	10		
STREET ADORESS CITY-ST-ZIP					T ADDRESS ST-ZIP	1	0220 SE	155th	St			
TITLE .				☐ Delete	TITLE		-	O'HITSKY I	. T. i	74471	☐ Change	Addition
NAME					NAME							
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NAME					NAME	.						
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CITY-ST-ZIP					_B	ST-ZIP						
12. Thereby of indicated	certify that the	information supplied with tor supplemental report is	this filin	ng does not qualify for	the exe	mptions cor	ntained	in Chapter 119,	Florida Statutes.	I further cert	tify that the in	nformation

12. Thereby certify that the information supplied with this filling does not quality 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 agrachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06

le Daytime Phone #