

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90275 011 ***150.00

DOCUMENT # P05000139129

1. Entity Name
LATITUDE 26 LAWN & GARDEN CARE, INC.



Principal Place of Business
8647 IBIS COVE CIRCLE
NAPLES, FL 34119 US

Mailing Address
P.O. BOX 990395
NAPLES, FL 34116 US

60027390



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04072006 Chg-P CR2E034 (11/05)

4. FEI Number 11-3760917 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

SCHWEIKHARDT, KATHERINE A ESQ.
900 SIXTH AVENUE SOUTH
SUITE 203
NAPLES, FL 34102

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P T
NAME ARMSTEAD, JASON K
STREET ADDRESS 8647 IBIS COVE CIRCLE
CITY-ST-ZIP NAPLES, FL 34119 ☐ Delete

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

TITLE VP S
NAME ARMSTEAD, REBECCA L
STREET ADDRESS 8647 IBIS COVE CIRCLE
CITY-ST-ZIP NAPLES, FL 34119 ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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: *Rebecca L. Armstead* Rebecca L. Armstead 4/7/06 239-353-2116
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #