

2006 FOR PROFIT CORPORATION ANNUAL REPORT (A)

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-05-2006 90161 031 ***150.00

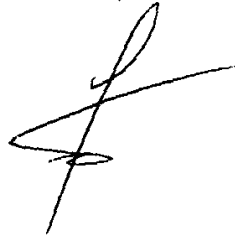
DOCUMENT # P05000146423 1. Entity Name MR FLOWERBED LANDSCAPING COMPANY					
Principal Place of Business 115 N EDISON AVE SUITE # B TAMPA FL 33606 US			Mailing Address 115 N EDISON AVE SUITE # B TAMPA FL 33606 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-2186350	
Zip		Country		☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAINCHAUD, JACQUES 115 N EDISON AVE SUITE # B TAMPA FL 33606			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 ret-vening) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY-ST-ZIP	PRES PAINCHAUD, JACQUES 115 N EDISON AVE SUITE # B TAMPA FL 33606 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____			4/19/06 813-254-0304 Date Daytime Phone #		

ATTACHMENT

66619476
#P05000146423

I'M SENDING YOU BACK THIS DOCUMENT
WITH THE CORRECTION ABOUT MY (FEI)[#]
MADE (CORRECTION MADE)

JACQUES PAINCHAUD



813-205-9997

my SS[#] is 593-130859

THANKS