

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000048106



1. Entity Name  
PHIL JOHNSON'S LANDSCAPE AND IRRIGATION  
COMPANY, INC.

Principal Place of Business  
845 MAXWELL RD  
UMATILLA, FL 32784 US

Mailing Address  
845 MAXWELL RD  
UMATILLA, FL 32784 US

**DO NOT WRITE IN THIS SPACE**

04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3192914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

PHILIP D JOHNSON, SR  
845 MAXWELL RD  
UMATILLA, FL 32784

**DO NOT WRITE  
IN THIS SPACE**

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, 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  
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

TITLE D  
NAME JOHNSON, PHILIP D SR.  
STREET ADDRESS 845 MAXWELL RD  
CITY-ST-ZIP UMATILLA, FL

TITLE VPD  
NAME JOHNSON, PHILIP D JR  
STREET ADDRESS 845 MAXWELL ROAD  
CITY-ST-ZIP UMATILLA, FL 32784

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06  
Date

Daytime Phone #

