


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000083858 1. Entity Name LANDWORKS OF SOUTH OF FLORIDA, INC.	
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Principal Place of Business 1453 MARVIN LANE SW RANCHES, FL 33330	Mailing Address 1453 MARVIN LANE SW RANCHES, FL 33330
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DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0454679

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPEER, RICHARD
1453 MARVIN LANE
SW RANCHES, FL 33330**

**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 *Thomas E. Tresp* **3/31/06**
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 NAME STREET ADDRESS CITY-ST-ZIP	P SPEER, RICHARD 1453 MARVIN LANE SW RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES FYFFE, THOMAS E TRESURE 14701 SUNSET LANE S.W. RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENKS, JON VP 12851 SW 56 STREET S.W. RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/22/06-80088-024 150.00

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IN THIS SPACE**

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: *Thomas E. Tresp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #