## 2006 FOR PROEIT CORPORATION ANNUAL REPORT

## FILED Mar 15, 2006 08:00 AM

Securificate of Status Desired Securificate of Securificat	DOCUMENT # P9400005240  1. Entity Name BAYSCAPE LANDSCAPING, INC.				Secretary of State			
DO NOT WRITE IN THIS SPACE  4. FEI Number 59-3226992   No. Chg-P CR2E034 (11/05)    4. FEI Number 59-3226992   No. Chg-P CR2E034 (11/05)    5. Certificate of Status Desired   \$8.75 Additional Fee Required    6. Name and Address of Current Registered Agent    REK, WILLIAM J. 8240 70TH AVE. N. PINELLAS PARK, FL 33781   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 access the obligations of registered agent.  SIGNATURE   Speakers, hyperior imbard name of registered agent and not a speakable   PIOTE Registered Agent signals, a required above related by the registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent.  SIGNATURE   Speakers, hyperior imbard name of registered agent and not a speakable   PIOTE Registered Agent signals, a required above related by the registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent.  SIGNATURE   Speakers, hyperior imbard name of registered agent and not a speakable   PIOTE Registered Agent signals, a required above registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent, or both, in the State of Florida. I am familiar with, and access the	6240 70TH A	IVE. N.	5240 70TH AVE. N.	us				
REK, WILLIAM J. 6240 70TH AVE. N. PINELLAS PARK, FL 33781  B. 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 access the obligations of registered agent.  SIGNATURE  Signature.  FILE NOWIK FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  REK, WILLIAM J.  SIRECT ADDRESS  GOVERNAR, FL  TITLE  VTS  NAME  REK, WILLIAM J.  SIRECT ADDRESS  GOVERNAR, FL  TITLE  VTS  NAME  REK, LISA A.  SIRECT ADDRESS  GOVERNAR, FL  TITLE  C  RAMAI  C  RAMAI  C  REK, JACOB  SIRECT ADDRESS  GOVERNAR, FL  TITLE  C  RAMAI  C  REK, JACOB  SIRECT ADDRESS  GOVERNAR, FL  TITLE  C  CAMAI  C  C  CHY-ST-ZIP  PINELLAS PARK, FL  SIRECT ADDRESS  GOVERNAR, FL  TITLE  C  CAMAI  C  C  CHY-ST-ZIP  PINELLAS PARK, FL  SIRECT ADDRESS  GOVERNAR, FL	D	O NOT WRITE II	N THIS SPA	CE	03022006 4. FEI Numb 59-322	No Chg-P er 26992	CR2E034 (11/05)  Applied For Not Applicate \$8.75 Additional	
the obligations of registered agent.  SIGNATURE    Speakers, typed or printed marke of registered egent and rate in appointable   (NOTE Registered Agent signature required when relorateding)   DATE	REK, WILLIAM J. 6240 70TH AVE. N.					<del>-</del>		
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  ITILE PD NAME REK, WILLIAM J STREET ADDRESS  CITY-ST-ZIP PINELLAS PARK, FL  ITILE C NAME REK, LISA A 6240 70TH AVE., N. CITY-ST-ZIP PINELLAS PARK, FL  ITILE C NAME REK, JACOB STREET ADDRESS  CITY-ST-ZIP PINELLAS PARK, FL  DO NOT WRITE	SIGNATURE							
TITLE PD NAME REK, WILLIAM J STREET ADDRESS 6240 70TH AVE.N.  CITY-ST-ZPP PINELLAS PARK, FL  U00000467977  NAME REK, LISA A STREET ADDRESS 6240 70TH AVE., N.  STREET ADDRESS 6240 70TH AVE., N.  PINELLAS PARK, FL  TITLE C NAME REK, JACOB STREET ADDRESS 6240 70TH AVE., N.  PINELLAS PARK, FL  TOTAL  DO NOT WRITE	TILE MOTHIN FEE IS \$150.00							
NAME STREET ADDRESS CITY-51-72P  UTLE NAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TISTLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	PD REK, WILLIAM J 6240 70TH AVE.N. PINELLAS PARK, FL VTS REK, LISA A 6240 70TH AVE., N. PINELLAS PARK, FL C REK, JACOB 6240 70TH AVE., N.	CTORS			NOT W	RITE	

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 differ 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: \_

CITY-ST-ZIP TITLE NAME STREET AUDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR