

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90374 016 ***150.00

DOCUMENT # P94000092168

1. Entity Name
TIDEWATER LANDSCAPE MANAGEMENT OF FLORIDA, INC.



Principal Place of Business
**% 1329 HEIDT AVENUE
GARDEN CITY, GA 31408**

Mailing Address
**P.O. BOX 56783
JACKSONVILLE, FL 32241**

40000-



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3293375

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

**DELOACH, EDDIE W
9506 HOOD ROAD.
JACKSONVILLE, FL 32241**

Name **DeLoach, Eddie W.**

Street Address (P.O. Box Number is Not Acceptable)

6123 Phillips Highway

Suite 6

City **Jacksonville**

FL

Zip Code

32216

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

Eddie W. DeLoach

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-06

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DELOACH, EDDIE W
1329 HEIDT AVE.
GARDEN CITY, GA 31408** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DELOACH, JAMES M JR.
1329 HEIDT AVE.
GARDEN CITY, FL 31408** ☐ Delete

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

TITLE
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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 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:

Eddie W. DeLoach

4-14-06

Date

Daytime Phone #

904-292-9919