


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

V#4003
2/22/06

FILED

**Feb 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P95000056135 1. Entity Name FLORIDA LAWN & LANDSCAPE SERVICES, INC.	
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Principal Place of Business 1621 SUMMERDALE DR CLEARWATER, FL 33764 US	Mailing Address 1621 SUMMERDALE DRIVE SOUTH CLEARWATER, FL 33764 US
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0597390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VAILLANCOURT, JOHN 1621 SUMMERDALE DRIVE SOUTH CLEARWATER, FL 33764
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAILLANCOURT, JOHN 1621 SUMMERDALE DRIVE SOUTH CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAILLANCOURT, KELLY 1621 SUMMERDALE DRIVE SOUTH CLEARWATER, FL 33764
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03/16/06-R0013-020 150.00

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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: Kelly Vaillancourt VP Kelly Vaillancourt 2/22/06 727-532-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #