2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL	REPO	RT (AR)		Feb 08, 2006 08:00	AM
DOCUMENT # P95000067007 1. Entity Name					Secretary of Sta	
BECKEL LANDSCAPE NURSERY, INC.						
Principal Plac	e of Business	Mailing	Address	· ·		
2050 ORANGE BLVD P O SANFORD FL 32771 WIN US US		WINTE	OX 3571 ER PARK FL 32790			
2. Principal Place of Business 3.		3. Mailir	airing Address		נונדה נוחום הוחשה מוספר מוכפה נמסה נמנה יהואי הנו מפתוחפו ז -	נפתר אן נתתוחתנו (וותם
Suite, Apt. #, etc.		. Suite	ite, Apt. #, etc.		1st MOORE CR2E034 (10/0	35)
City & State		City 8	8. State		4. FE) Number 59-3335104	Applied Fu Not Applic
Zìp	Country	Zip		Country		5 Additional equired
	6. Name and Address of Curr	ent Registered	Agent	Nama	7. Name and Address of New Registered Agent	
DEONEL THOMAS E			Name			
BECKEL, THOMAS F 600 WEST KING STREET ORLANDO FL 32804			Street Address		P.O. Box Number is Not Acceptable)	
J,		}				
		}		City		p Code
	named entity submits this statemer vans of registered agent.	nt for the purpó	se of changing its r	egistered office or register	red agent, or both, in the State of Florida. I am familia	r with, and acc
SIGNATURE .	Signature, typed or printed name of registered a	gent and tille it apply	cable [NOTE	Registered Agent signature required	3 when reinstating) CATE	
ATTER	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550 k Payable to Florida Departmen	() () () () () () () () () () () () () (9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Added to For
10.	1 14 1 14 1 14 1 14 1 15 1 15 1 15 1 15	IND DIRECTOR	rs	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11
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NAME	BECKEL, THOMAS F	}		NAME	U00000424956	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the Informatic 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 cash; that I am an officer or directly 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 if changed, or on an attachment with an address, with all of the fike empowered.

SIGNATURE:

2 3 C

THOMAS F. BECKEL

2-4-06

FILED

407-323-655S