

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P95000087857

1. Entity Name
BLUE HERON LAWN & LANDSCAPING, INC.



Principal Place of Business
**1 OAKLAND HILLS CT
ROTONDA WEST, FL 33947 US**

Mailing Address
**POST OFFICE BOX 1502
ENGLEWOOD, FL 34295**



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0625431

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCCOULLOUGH, MARGARET M
1 OAKLAND HILLS COURT
ROTONDA WEST, FL 33947**

**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

Margaret M. McCoullough

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/06

**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**

**U000000527928
05/05/06-80016-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	MCCOULLOUGH, CHRISTOPHER R SR
STREET ADDRESS	1 OAKLAND HILLS CT
CITY-ST-ZIP	ROTONDA WEST, FL
TITLE	VS
NAME	MCCOULLOUGH, MARGARET
STREET ADDRESS	1 OAKLAND HILLS CT
CITY-ST-ZIP	ROTONDA WEST, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Margaret M. McCoullough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-697-6933