

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000038823

FILED
Apr 28, 2006
Secretary of State

Entity Name: LANDSHARK LANDSCAPE MANAGEMENT, INC.

Current Principal Place of Business:

631 NORTH O STREET
LAKE WORTH, FL 33460

New Principal Place of Business:

P. O. BOX 129
LAKE WORTH, FL 33460 US

Current Mailing Address:

631 NORTH O STREET
LAKE WORTH, FL 33460

New Mailing Address:

P. O. BOX 129
LAKE WORTH, FL 33460 US

FEI Number: 65-0677158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARVEY, JOHN M
631 NORTH O STREET
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

HARVEY, JOHN M
101 NORTH J STREET
LAKE WORTH, FL 33460 US

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.

SIGNATURE:

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARVEY, JOHN M
Address: 631 NORTH O STREET
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARVEY, JOHN M
Address: P. O. BOX 129
City-St-Zip: LAKE WORTH, FL 33460 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M HARVEY

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date