

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000082310

1. Entity Name

NATIVE SON LANDSCAPE & TREE SERVICE, INC.



Principal Place of Business

**1121 LEWIS AVE
SARASOTA, FL 34237 US**

Mailing Address

**1121 LEWIS AVE
SARASOTA, FL 34237 US**



05182006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0704800

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fees Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FROST, MAGGIE A
2532 EAST MILMAR DRIVE
SARASOTA, FL 34237**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME FROST, JOHN D
STREET ADDRESS 2532 EAST MILMAR DRIVE
CITY- ST- ZIP SARASOTA, FL 34237**

**TITLE D
NAME FROST, MAGGIE A
STREET ADDRESS 2532 EAST MILMAR DRIVE
CITY- ST- ZIP SARASOTA, FL 34237**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

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CITY- ST- ZIP**

**100000565735
05/22/06 80010-009 158.75**

**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:

Maggie A. Frost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maggie A. Frost
05-19-06

941-365-2407
Daytime Phone #