

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000098067

1. Entity Name
REYNOLDS LANDSCAPING, INC.



Principal Place of Business
**139 FERREIRA LANE
DEFUNIAK SPRINGS, FL 32433**

Mailing Address
**139 FERREIRA LANE
DEFUNIAK SPRINGS, FL 32433**



08202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3416252

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REYNOLDS, MARY
139 FERREIRA LANE
DEFUNIAK SPRINGS, FL 32433**

**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)

000000575530
08/29/06-80009-004 150.00
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 **P**
NAME **REYNOLDS, KENNETH**
STREET ADDRESS **139 FERREIRE LANE**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **S**
NAME **REYNOLDS, MARY**
STREET ADDRESS **139 FERREIRA LANE**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Reynolds **Mary Reynolds** 8-20-06 (850) 834-1001