

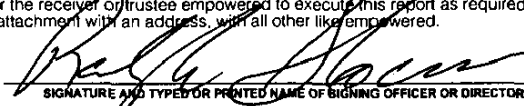


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90030 016 \*\*\*150.00

<b>DOCUMENT # P97000048498</b> 1. Entity Name <b>CUSTOMIZED LANDSCAPING, INC.</b>					
Principal Place of Business <b>4128 HOLLISTER PL JACKSONVILLE, FL 32257</b>				Mailing Address <b>4128 HOLLISTER PL JACKSONVILLE, FL 32257</b>	
2. Principal Place of Business <b>4329 Falling Leaf Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>4329 Falling Leaf Ct.</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL</b> Zip <b>32258</b>		City & State <b>Jacksonville, FL</b> Zip <b>32258</b>		4. FEI Number <b>59-3452035</b>	
Country <b>USA</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01172006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>SLOCUM, RALPH 4128 HOLLISTER PL JACKSONVILLE, FL 32257</b>				7. Name and Address of New Registered Agent Name <b>Slocum, Ralph</b> Street Address (P.O. Box Number is Not Acceptable) <b>4329 Falling Leaf Ct.</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32258</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>SLOCUM, RALPH 4128 HOLLISTER PL JACKSONVILLE, FL 32257</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>Slocum, Ralph 4329 Falling Leaf Ct. Jacksonville, FL 32258</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>1/17/06</b> (904) 262-7677 <small>Daytime Phone #</small>		