## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT FILED** Sep 08, 2006 08:00 AN DOCUMENT # P97000062000 Secretary of State 1. Entity Name HORTICULTURAL SERVICES OF BOCA GRANDE, INC. Principal Place of Business Mailing Address 200 LAKEVIEW LANE POST OFFICE BOX 868 BOCA GRANDE, FL 33921 ENGLEWOOD, FL 34224 CR2E034 (11/05) 09052006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0772064 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THAYER, WOODROW E DO NOT WRITE 210 LAKEVIEW LANE ENGLEWOOD, FL 34223 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 fegistered agent. U00000576560 (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE THAYER, WOODROW E NAME 200 LAKEVIEW LN STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34223 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP+ TITLE NAME

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 ess, with all other likeler

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP