## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 06, 2006 08:00 AM DOCUMENT # P97000102360 **Secretary of State** 1. Entity Name URBAN HORTICULTURAL SERVICES, INC. Principal Place of Business Mailing Address 1015 CHEROKEE STREET P.O. BOX 146 SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3489492 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PULLARA, PETER R Street Address (P.O. Box Number is Not Acceptable) 1015 CHÉROKEE STREET SAFETY HARBOR FL 34695 City Zip Code 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and lifte it applicable (NOTE: fregistored Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State to. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIFLE Delete THISE ☐ Change Motives: NAME PULLARA, PETER R NAME STREET ADDRESS 1015 CHEROKEE STREET STREET AUCRESS *UNDBON456831* CITY-ST-ZIP SAFETY HARBOR FL 34695 City-St-2iP <u>03</u>/16/06 80**046**-004 150.00 TITLE ☐ Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-789 THIF ☐ Delete T171 F ☐ Change Addition [ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIME Defete TOTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZSP TITLE Delete TITLE Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Defete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS C11Y-S1-21P 12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 geoeiver or Justed 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.

Peter PULLARA

SIGNATURE:

2-28-06

737-716-6572

**FILED**