



2142008 No Chg-P CR2E034 (11/05)

FEL Number 65-0819929	Applied For Not Applicable
Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

agent, or both, in the State of Florida. I am familiar with, and accept

reissuing	DATE
May Be to Fees	

1110000462986
03/21/06-00058-001 150.00

**DO NOT WRITE
IN THIS SPACE**

Chapter 119, Florida Statutes. I further certify that the information has legal effect as if made under oath, that I am an officer or director of the corporation or partnership, and that my name appears in Block 10 or Block 11 if

3/8/06 904 460 0125
Date Daytime Phone #

FILED
2006 FOR PROFIT CORPORATION
ANNUAL REPORT
03:00 AM
Secretary of State

DOCUMENT # P98000024639	
1. Entity Name LIGHTHOUSE LAWNSCAPES, INC.	

Principal Place of Business 209 GOLDEN OAKS LANE ST. AUGUSTINE, FL 32080	Mailing Address 209 GOLDEN OAKS LANE ST. AUGUSTINE, FL 32080
--	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BAKER, WILLIAM 209 GOLDEN OAKS LANE ST. AUGUSTINE, FL 32080
--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required)
--	---

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 Add'l
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, WILLIAM 209 GOLDEN OAKS LANE ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKER, ROBERTA E 209 GOLDEN OAKS LANE ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>William J Baker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
--