

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

03-28-2006 90112042 \*\*\*\*88.75

P99000018425


**FILED**

06 APR 20 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000018425

1. Entity Name  
FLORIDA IMAGE LANDSCAPING, INC.



Principal Place of Business      Mailing Address  
1894 ANDERSON LANE      1894 ANDERSON LANE  
WEST PALM BEACH, FL 33406      WEST PALM BEACH, FL 33406

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03/09/06 01834 005 70.00



03152006 · Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
65-0911258      Not Applicable

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

6. Name and Address of Current Registered Agent  
REITER, SCOTT.D  
1894 ANDERSON LANE  
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	REITER, SCOTT
STREET ADDRESS	1894 ANDERSON LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	ST <input type="checkbox"/> Delete
NAME	REITER, JACQUELINE
STREET ADDRESS	1894 ANDERSON LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	03/09/06--01834--005 *\$70.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Jacqueline Reiter      Date: 3/23/06      Daytime Phone #: (561) 905-9096