

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000019301			
1. Entity Name SUGARMILL LAWN AND LANDSCAPE, INCORPORATED			
Principal Place of Business 1335 LANDOVER PLACE TALLAHASSEE, FL 32317	Mailing Address 1335 LANDOVER PLACE TALLAHASSEE, FL 32317		
DO NOT WRITE IN THIS SPACE			
		01032006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3560342	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BECK, ROGER V 1335 LANDOVER PLACE TALLAHASSEE, FL 32317		DO NOT WRITE 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 registered agent.			
SIGNATURE 		DATE 1/3/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<div style="text-align: right;">310062642130 01/04/06--01031--017 **150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECK, TERRI 1335 LANDOVER PLACE TALLAHASSEE, FL 32317		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BECK, ROGER V 1335 LANDOVER PLACE TALLAHASSEE, FL 32317		
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 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: 		Date 1/3/06 Daytime Phone # 850/445-3685	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			