

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90022 039 ***163.75

DOCUMENT # P99000056586					
1. Entity Name GOOD PRICE LANDSCAPING, INC.					
Principal Place of Business 951 E. DAYTON CIR. FORT LAUDERDALE, FL 33312			Mailing Address 951 E. DAYTON CIR. B FORT LAUDERDALE, FL 33312		
2. Principal Place of Business 7655 WEST ATLANTIC BLVD Suite, Apt. #, etc. BLDG 41 APT. 202 City & State MARGATE, FL Zip 33063 Country U.S.A		3. Mailing Address 7655 WEST ATLANTIC BLVD. Suite, Apt. #, etc. BLDG 41 APT. 202 City & State MARGATE, FL Zip 33063 Country U.S.A			
08172005 Chg-P CR2E034 (10/03)		4. FEI Number 65-0931087		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FLEURANT, ROBERT P 7655 WEST ATLANTIC BLVD. BLDG 41 APT. 202 MARGATE, FL 33063	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 <u>FLEURANT, ROBERT P.</u> <u>8/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME FLEURANT, ROBERT PAUL STREET ADDRESS 951 E. DAYTON CIRCLE CITY-ST-ZIP FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME FANFAN, JOHN STREET ADDRESS 951 E. DAYTON CIRCLE CITY-ST-ZIP FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8/27/05</u> Daytime Phone # <u>954-560-6726</u>		

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