2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2006 8:00 am Secretary of State DOCUMENT # P99000060735 04-20-2006 90210 023 ***158.75 1. Entity Name LAKESIDE SITE & LANDSCAPING, INC. 40055928 Principal Place of Business Mailing Address 615 CRESCENT EXECUTIVE COURT 615 CRESCENT EXECUTIVE COURT STE 120 STE 120 LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232006 Cha-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 59-3589114 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 GRAY, N DWAYNE JR GREENSPOON, MARDER, HIRSHFELD ET AL Street Address (P.O. Box Number is Not Acceptable) 201 EAST PINE STREET SUITE 500 ORLANDO, FL 32801 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PS TITLE Delete ☐ Change ☐ Addition TITLE BORCK, TODD L NAME NAME STREET ADDRESS 615 CRESCENT EXECUTIVE COURT STE 120 STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY+ST-ZIP TITLE VT ☐ Change ☐ Addition Delete TITLE NAME WOLF, JONATHAN L NAME 615 CRESCENT EXECUTIVE COURT STE 120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition GRAY, N DWAYNE JR NAME NAME STREET ADDRESS 135 W CENTRAL BLVD, SUITE 1100 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED

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ER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE AND TYPED OF

SIGNATURE: