2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074431

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ONA, FL 33865

ALVAREZ, CARLOS

1714 HIGH POINT DR

LAKELAND, FL 33813

() Delete

Entity Name: SUN STATE LANDSCAPING OF NORTH FLORIDA, INC.

FILED Apr 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1714 HIGH POINT DRIVE 12110 S HWY 441 LAKELAND, FL 33813 BELLEVIEW, FL 34420 **Current Mailing Address: New Mailing Address:** 8980 ERIE LANE PARRISH, FL 34219 FEI Number: 58-2487760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALVAREZ, CARLOS 8980 ERIE LANE PARRISH, FL 34219 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ALVAREZ, CARLOS ALVAREZ, CARLOS Name: Name: 835 WILDWOOD DR 1714 HIGH POINT DR Address: Address: BARTOW, FL 33830 City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: VΡ Title: VΡ () Delete (X) Change () Addition Name: HAND, RANDALL Name: HAND, RANDALL 5208 PINE LEVEL GRADE RD 3540 SR 64 WEST Address: Address: ONA, FL 33865 WACHULA, FL 33873 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition HAND, RANDALL HAND, RANDALL Name: Name: 5208 PINE LEVEL GRADE RD 3540 SR 64 WEST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WACHULA, FL 33873

ALVAREZ, CARLOS

835 WILDWOOD DR

BARTOW, FL 33830

(X) Change () Addition

SIGNATURE: CARLOS ALVAREZ **PRES** 04/07/2006