

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90024 022 ***150.00

DOCUMENT # S20237

1. Entity Name

ANDERSON LANDSCAPING AND MAINTENANCE, INC.



Principal Place of Business

3907 GREENVIEW PINES CT
ORLANDO FL 32817
US

Mailing Address

3907 GREENVIEW PINES CY
ORLANDO FL 32817
US



2. Principal Place of Business

509 Wilmington Circle
Suite, Apt. #, etc.

3. Mailing Address

509 Wilmington Circle
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Oviedo FL
Zip 32765 Country USA

City & State

Oviedo FL
Zip 32765 Country US

4. FEI Number

59-3041729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, IRENE
3907 GREENVIEW PINES CT
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

509 Wilmington Circle

City Oviedo

FL

Zip Code

32765

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

Irene Anderson Irene Anderson President

3-10-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, STEPHEN	
STREET ADDRESS	3907 GREENVIEW PINES CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	ANDERSON, IRENE	
STREET ADDRESS	3907 GREENVIEW PINES CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ANDERSON, JESSE	
STREET ADDRESS	3907 GREENVIEW PINES CT	
CITY-ST-ZIP	ORLANDO FL 32817	
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	Deceased	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	509 Wilmington Circle	
CITY-ST-ZIP	Oviedo FL 32765	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	509 Wilmington Circle	
CITY-ST-ZIP	Oviedo FL 32765	
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 Section 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:

Irene Anderson Irene Anderson

3-10-06

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