


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # S22419 1. Entity Name OBERST LANDSCAPE CONTRACTORS, INC.	
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Principal Place of Business 1860 NORTH NOVA ROAD DAYTONA BEACH FL 32117	Mailing Address 377 BROOKLINE AVENUE DAYTONA BEACH FL 32118
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3045314	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 OBERST, MARK 377 BROOKLINE AVE. DAYTONA BCH. FL 32118	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstalling) 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 NAME STREET ADDRESS CITY - ST - ZIP	PSD OBERST, MARK 377 BROOKLINE AVE. DAYTONA BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD OBERST, JEANETTE 377 BROOKLINE AVE. DAYTONA BEACH FL
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	_____ _____ _____ _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	_____ _____ _____ _____
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 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: Mark Oberst Mark Oberst 4/15/06 386 252 0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #