

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90022 013 \*\*\*150.00

**DOCUMENT # S72414**

1. Entity Name

**SOUTHEASTERN LANDSCAPE AND MAINTENANCE, INC.**



Principal Place of Business

**4636 133RD RD S  
DELRAY BEACH FL 33444**

Mailing Address

**P O BOX 243148  
BOYNTON BEACH FL 33424**

2. Principal Place of Business

3. Mailing Address

**300 ALBRECHT LANE**

Suite, Apt. #, etc.

Suite, Apt. # etc

City & State

City & State

**DURANGO, CO**

Zip

Country

Zip

Country

**81301**

**USA**

4. FET Number:

**65-0275533**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GOFFE, NICOLE  
1121 ASBURY WAY  
BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent

Name

**NICOLE GOFFE**

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

City

**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

Signature typed or printed name of registered agent and state in application

(NOTE: Registered Agent Signature Required with each filing)

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPV  
GEFFE, ROBERT C.  
300 ALBRECHT LANE  
DURANGO CO 81301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
GEFFE, ROBERT C.  
300 ALBRECHT LANE  
DURANGO CO 81301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Required