


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S93915**  
1. Entity Name  
**LIGHTHOUSE POINT LANDSCAPING DESIGN AND HOME REMODELING, INC.**



Principal Place of Business      Mailing Address  
**4820 NW 74TH PLACE**      **4820 NW 74TH PLACE**  
**POMPANO BEACH, FL 33073 US**      **POMPANO BEACH, FL 33073 US**

**DO NOT WRITE IN THIS SPACE**



01112008    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**65-0296121**      Applied For  
Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BOUCHARD, MICHEL**  
**4820 NW 74TH PLACE**  
**POMPANO BEACH, FL 33073**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DVST  
NAME: BOUCHARD, MICHEL  
STREET ADDRESS: 4820 NW 74 PLACE  
CITY-ST-ZIP: POMPANO BCH, FL 33073

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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03/15/06-00038-010 150.00

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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Michel Bouchard      Date: Feb 28 / 2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone # \_\_\_\_\_