2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S93915

1. Entity Name

LIGHTHOUSE POINT LANDSCAPING DESIGN AND HOME REMODELING, INC.



Principal Place of Business

Mailing Address

4820 NW 74TH PLACE POMPANO BEACH, FL 33073 US

4820 NW 74TH PLACE POMPANO BEACH, FL 33073 US

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



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

| | | عديد | | | |
|--|---|---|----------------|--------------------------------|--|
| | named entity submits this statement for the pi ions of registered agent. | urpose of changing its registered | office or r | egistered agent, or bo | oth, In the State of Florida. I am familiar with, and accept |
| SIGNATURE_ | | | | | <u> </u> |
| | Signature, typed or printed name of registered agent and title if | applicable. (NDTE: Registered A | gent signatura | required when reinstating) | DATE |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Financia Trust Fund Contribution. | ,å | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVST BOUCHARD, MICHEL 4820 NW 74 PLACE POMPANO BCH, FL 33073 | | • | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 060000455003 63/15/66-80038-610 150.00 |
| THRE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE |
| THE MAME STREET ADDRESS CITY-ST-ZIP | | | | <u>-</u> <u></u> <u>-</u> | <u> </u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | (7 Election Production 1 higher condition that the information |

Thereby certify mat the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I furner carriy that he 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. The all other like empowered.

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC