


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # S93915 1. Entity Name LIGHTHOUSE POINT LANDSCAPING DESIGN AND HOME REMODELING, INC.	
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Principal Place of Business 4820 NW 74TH PLACE POMPANO BEACH, FL 33073 US	Mailing Address 4820 NW 74TH PLACE POMPANO BEACH, FL 33073 US
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DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0296121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOUCHARD, MICHEL
 4820 NW 74TH PLACE
 POMPANO BEACH, FL 33073

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000652941 03/12/07 00039 019 150.00
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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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Johanne Coeyon 01/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #