2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000111139

1. Entity Name

MGMI LANDSCAPE COMPANY INC.

MGMI LANDSCAPE COMPANY INC.

6. Name and Address of Current Registered Agent

Principal Place of Business

608 60 STREET NW BRADENTON, FL 34209



FILED Jan 16, 2007 08:00 AM Secretary of State

CR2E034 (11/05)



DO NOT WRITE IN THIS SPACE

608 60 STREET NW

BRADENTON, FL 34209

4. FEI Number Applied For 51-0430064 Not Applicable

5. Certificate of Status Desired \$8.75 Additional

No Chg-P

DO NOT WRITE

1 34209

IN THIS SPACE

WURM, GEORGE JR 608 60 STREET NW BRADENTON, FL 34209

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, typed or printed name of registered agent and little if applicable

(NOTE, Registered Agent signature required when reinstating)

OATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

01052007

U00000587193 01/17/07-80024-008 150.00

	<u></u>
10.	OFFICERS AND DIRECTORS
TITLE NAME	D WURM, GEORGE JR
STREET ADDRESS	608 60 STREET NW
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the ex	

DO NOT WRITE IN THIS SPACE

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:

Sey PILL GOLGE PLUM J GNAPHE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 941-792-6298

Daytime Phone #