

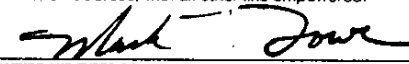


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90046 001 ***158.75

DOCUMENT # P03000142807			
1. Entity Name MID-FLORIDA LAWN CARE, INC.			
Principal Place of Business 1418 ILLINOIS AVE ORANGE CITY, FL 32763 US		Mailing Address 1418 ILLINOIS AVE ORANGE CITY, FL 32763 US	
2. Principal Place of Business - No P.O. Box # 1418 E. ILLINOIS AVE		3. Mailing Address 1418 E. ILLINOIS AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orange City		City & State Florida	
4. FEI Number 20-0419775		Applied For Not Applicable	
Zip 32763		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01162008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent LOWE, MARK I PRES 1418 ILLINOIS AVE ORANGE CITY, FL 32763		7. Name and Address of New Registered Agent	
		Name	
		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 		DATE 1-17-08	
Signature, typed or printed name of registered agent and title, applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWE, MARK 1418 ILLINOIS AVE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		DATE 1-17-08 407-461-2953	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	