# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 17, 2008**
**Secretary of State**

DOCUMENT# P93000019476

**Entity Name:** MIKE'S LANDSCAPE MAINTENANCE, INC.

**Current Principal Place of Business:**

8525 55TH AVENUE
WABASSO, FL 32970

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 700336
WABASSO, FL 32970

**New Mailing Address:**

**FEI Number: 65-0395558** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRICE, ROBERT M
8525 55TH AVENUE
SEBASTIAN, FL 32958 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete
Name: BRICE, ROBERT M
Address: PO BOX 700336
City-St-Zip: WABASSO, FL 32970

Title: S (X) Delete
Name: PALMER, SUSAN M
Address: PO BOX 700336
City-St-Zip: WABASSO, FL 32970

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MICHAEL BRICE P 06/17/2008

Electronic Signature of Signing Officer or Director Date