


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90012 004 ***158.75

DOCUMENT # P98000056427 1. Entity Name MJM GREENWAY LANDSCAPING & MANAGEMENT, INC.	
--	---

Principal Place of Business 1707 E. SEMORAN BLVD. APOPKA, FL 32703	Mailing Address 1002 WINDSONG CIRCLE APOPKA, FL 32703
--	---

DO NOT WRITE IN THIS SPACE

8 F 5 4 , , , , 1 2 0 . 3 F &

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3518026	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAZZOLI, GARY
1002 WINDSONG CIRCLE
APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAHM, RUSSELL 23 LAKE CORTEZ DR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MAZZOLI, GARY 1002 WINDSONG CIRCLE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gary M. Mazzoli, Sec. Gen. Date: 1/7/04 Daytime Phone #: 407-484-0303