


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

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 &

01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3518026 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

8. 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, 2006 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 |
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02/10/06-80069-016 158.75

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:  **1/9/06** **407-581-1300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #