

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000017837

**Entity Name:** MIKE GAST LAWN CARE, INC.

**Current Principal Place of Business:**

4501 FALCON PLACE  
SARASOTA, FL 34241

**Current Mailing Address:**

4501 FALCON PLACE  
SARASOTA, FL 34241

**FEI Number:** 65-0991809

**Certificate of Status Desired:** No

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

GAST, MICHAEL B  
4501 FALCON PLACE  
SARASOTA, FL 34241 US

*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

**Officer/Director Detail :**

|                 |                        |                 |                     |
|-----------------|------------------------|-----------------|---------------------|
| Title           | D                      | Title           | O                   |
| Name            | GAST, MICHAEL BPRESIDE | Name            | GAST, TRACEY ATRES. |
| Address         | 4501 FALCON PLACE      | Address         | 4501 FALCON PLACE   |
| City-State-Zip: | SARASOTA FL 34241      | City-State-Zip: | SARASOTA FL 34241   |

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL B GAST

**PRESIDENT**

**01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date