

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000019476

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

**Current Principal Place of Business:**

8525 55TH AVENUE  
SEBASTIAN, FL 32958

**FILED**  
**Mar 14, 2017**  
**Secretary of State**  
**CC9412506957**

**Current Mailing Address:**

P O BOX 700336  
WABASSO, FL 32970

**FEI Number: 65-0395558**

**Certificate of Status Desired: No**

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

BRICE, ROBERT M  
8525 55TH AVENUE  
SEBASTIAN, FL 32958 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           PTD  
Name           BRICE, ROBERT M  
Address        PO BOX 700336  
City-State-Zip: WABASSO FL 32970

Title           SECRETARY  
Name           LARSON, TIFFANY LYNN  
Address        PO BOX 700336  
City-State-Zip: WABASSO FL 32970

*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: ROBERT M BRICE**

**PTD**

**03/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date