

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G15115

FILED
Apr 25, 2005
Secretary of State

Entity Name: MAXIMOW LANDCARE INCORPORATED

Current Principal Place of Business:

9740 HARNEY RD
THONOTOSASSA, FL 33592

New Principal Place of Business:

Current Mailing Address:

P O BOX 290756
TAMPA, FL 33687

New Mailing Address:

FEI Number: 59-2206723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTLEY, DOUGLAS G MR
PO BOX 47176
TAMPA, FL 33647 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARTLEY, DOUGLAS G MR
Address: PO BOX 47176
City-St-Zip: TAMPA, FL 33647

Title: VP () Delete
Name: BARTLEY, AMY MRS
Address: PO BOX 47176
City-St-Zip: TAMPA, FL 33647

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 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 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: DOUGLAS BARTLEY

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date