


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # G15115 1. Entity Name MAXIMOW LANDCARE INCORPORATED	
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Principal Place of Business 9740 HARNEY RD THONOTOSASSA, FL 33592	Mailing Address P O BOX 290756 TAMPA, FL 33687
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07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2206723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 restoring)

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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 BARTLEY, DOUGLAS G MR PO BOX 47176 TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTLEY, AMY MRS PO BOX 47176 TAMPA, FL 33647
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07/13/06-80010-021 550.00

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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: Douglas G Bartley *Douglas G. Bartley* 7-7-06 813/982-2455
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #