2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G15115

1. Entity Name
MAXIMOW LANDCARE INCORPORATED

Principal Place of Business	Mailing Address
9740 HARNEY RD THONOTOSASSA, FL 33592	P O BOX 290756 TAMPA, FL 33687

07072006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2206723	Not Applicable

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

DO NOT WRITE IN THIS SPACE

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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	P
NAME	BARTLEY, DOUGLAS G MR
STREET ADDRESS	PO BOX 47176
CITY-ST-ZIP	TAMPA, FL 33647

TITLE	VP
NAME	BARTLEY, AMY MRS
STREET ADDRESS	PO BOX 47176
CITY-ST-ZIP	TAMPA, FL 33647

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000569988
07/13/06-80010-021 550.00

DO NOT WRITE
IN THIS SPACE

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 D Bartley_   Douglas G. Bartley   7-7-06   813 982-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #