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Apr 09, 2007 8:00 am
Secretary of State
03-23-2007 90006 046 ***150.00

2007 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

03212007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	9740 Harney Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Thonotosassa, FL
Zip / Country	Zip: 33592 Country: USA

4. FEI Number: 59-2206723 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARTLEY, DOUGLAS G MR PO BOX 47176 TAMPA, FL 33647	Name: Douglas G. Bartley Street Address (P.O. Box Number is Not Acceptable): 9314 Deer Creek Dr. City: Tampa FL Zip Code: 33647

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: Douglas G Bartley DATE: 4-5-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: BARTLEY, DOUGLAS G MR STREET ADDRESS: PO BOX 47176 CITY-ST-ZIP: TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VP NAME: BARTLEY, AMY MRS STREET ADDRESS: PO BOX 47176 CITY-ST-ZIP: TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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 Bartley Douglas Bartley 3-21-07 813-982-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #