

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J09631

FILED
Apr 12, 2009
Secretary of State

Entity Name: MASTER OF DISASTER LAND CARE, INC.

Current Principal Place of Business:

4408 VINCENNES BLVD, (ZIP 33904)
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4408 VINCENNES BLVD, (ZIP 33904)
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 90-0322760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULKEY, JAMES
4408 VINCENNES BLVD.
CAPE CORAL, FL 33904 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: PST () Delete
Name: MULKEY, JAMES
Address: 4408 VINCENNES BLVD.
City-St-Zip: CAPE CORAL, FL

Title: VST () Delete
Name: MULKEY, SUZANNE L
Address: 4408 VINCENNES BLVD
City-St-Zip: CAPE CORAL, FL

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 exemption stated 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 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: JAMES MULKEY

PRES

04/12/2009

Electronic Signature of Signing Officer or Director

Date