


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # J72534 1. Entity Name MISTER MOWER SALES & SERVICE, INC.	
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Principal Place of Business 6231 S. SUNCOAST BLVD. HOMOSASSA, FL 34446	Mailing Address 6231 S. SUNCOAST BLVD. HOMOSASSA, FL 34446
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04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2812260	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NELSON, JOHN A 6013 S. SUNCOAST BLVD HOMOSASSA, FL 34446

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	PT ALDRICH, WILLIAM F 6231 S. SUNCOAST BLVD. HOMOSASSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ALDRICH, ESTELLE C 6231 S. SUNCOAST BLVD. HOMOSASSA, FL
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<p>U00000528934 05/05/06-80057-008 150.00</p> <p align="center">DO NOT WRITE IN THIS SPACE</p>

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: William F. Aldrich WILLIAM F. ALDRICH 4-20-06 (352) 628-6802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #