


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90004 015 \*\*\*150.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # J95192</b><br>1. Entity Name<br><b>MITE-E-FINE LAWN MAINTENANCE, INC.</b>  |   |   |  |                                  |  |
| Principal Place of Business<br><b>640 N.E. 35TH STREET<br/>POMPAÑO BEACH, FL 33064</b>   |   |   | Mailing Address<br><b>640 N.E. 35TH STREET<br/>POMPAÑO BEACH, FL 33064</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |   |  |
| City & State<br><br>Zip  |   | City & State<br><br>Zip   |  | 4. FEI Number<br><b>65-0008278</b><br>Applied For<br><input type="checkbox"/> Not Applicable                      |  |
| Country  |   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BROWN, MARY E<br/>640 NE 35 STREET<br/>POMPAÑO BEACH, FL 33064</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |   |   |  | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BROWN, ROBERT D.<br>640 N.E. 35TH STREET<br>POMPAÑO BEACH, FL | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DST<br>MARY E. BROWN<br>640 N.E. 35TH STREET<br>POMPAÑO BEACH, FL   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  |   |  |
| 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: <i>Mary Brown</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | May 31, 2008 954 9420299<br><small>Date Daytime Phone #</small>   |  |   |  |