## FILED Mar 14, 2006 8:00 am Secretary of State 03-14-2006 90026 038 \*\*\*150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # L84322  1. Errity Name MIKE'S LAWN AND PROPERTY MAINTENANCE CO., INC.  Principal Place of Business 570 N.E. 35TH STREET POMPANO BEACH, FL 33064  Mailing Address 570 N.E. 35TH STREET POMPANO BEACH, FL 33064  |  |  | \$0030787  |      |                         |
|---|--|--|--|------|-------------------------|
| D   | O NOT WRITE  |  | 01102006 No Chg-P CR2E034 (11/05)  4. FEI Number |      |                         |
| 6. Name and Address of Current Registered Agent SHALLENBERGER, MIKE 570 N.E. 35TH STREET POMPANO BEACH, FL 33064  |  |  | DO NOT WRITE<br>IN THIS SPACE                    |      |                         |
| 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  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.  PATE: Registered Agent Explanation of the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with a state of Florida. I am fa |  |  |  |      |                         |
| 10.  TITLE HAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND DIF  D SHALLENBERGER, MIKE 570 NE 35 ST POMPANO BEACH, FL |  |  | IN · | NOT WRITE<br>THIS SPACE |
| 12. I heraby certify that the information supplied with this liking does not quality 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 ont; that I am an officer or direction of the receiver or trustee emigravered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address; with all other like empowered.  SIGNATURE:  Mike: Shallenberger, President X - 10 0 (954) 782-0254  Saparture any types on Previous Or Previous Or Descriptions  Date: Descriptions   |  |  |  |      |                         |

## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2006

MIKE"S LAWN AND PROPERTY MAINTENANCE CO., INC. 570 N.E. 35TH STREET POMPANO BEACH, FL 33064

Subject: MIKE'S LAWN AND PROPERTY MAINTENANCE CO., INC.

Reference Number: /

L84322

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION