

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000045793

1. Entity Name
MULCH PRODUCTS, INC.



Principal Place of Business
**26307 MOUNTAIN LAKE RD
BROOKSVILLE, FL 34602**

Mailing Address
**13200 SOUTH MAJESTIC PT.
FLORAL CITY, FL 34436**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3644583

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOGAN, THOMAS S JR
20 S BROAD ST
BROOKSVILLE, FL 34601**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 PT
NAME PETERSON, JAMES
STREET ADDRESS 26307 MOUNTAIN LAKE RD
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE VPS
NAME HOLZAEPEL, JOHN
STREET ADDRESS 13200 S MAJESTIC PT
CITY-ST-ZIP FLORAL CITY, FL 34436

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000000513544
04/29/06-80133-011 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H Holzapel 4-15-06 352-344-5540

Date

Daytime Phone #