


**2006 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000111484 1. Entity Name MAJESTIC VIEW LANDSCAPE & LAWN SERVICE, INC.	
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Principal Place of Business 8176 99TH COURT VERO BEACH, FL 32967	Mailing Address 8176 99TH COURT VERO BEACH, FL 32967
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0649020	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134
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**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 resigning) 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 NAME STREET ADDRESS CITY - ST - ZIP	PD FOGEL, LANCE J 8176 99TH COURT VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILKO, MICHAEL S 8176 99TH COURT VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FOGEL, KIM 8176 99TH COURT VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILKO, NANCY E 8176 99TH COURT VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/24/06-80062-013 150.00

**DO NOT WRITE
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: Kim A Fogel Secretary 1-16-06 772-589-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #