²2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000035214 1. Entity Name MAINSCAPE LAWN SERVICE INC.	FILED 06 MAY -1 PM 3: 39
Principal Place of Business 15 W 41ST STREET IACKSONVILLE, FL 32206 Mailing Address 15 W 41ST STREET IACKSONVILLE, FL 32206 Mailing Address	SECKETARY OF STATE TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPA	CE O4252006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For S9-3707623 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BRIGHTWELL, STEVE 15 W 41ST STREET JACKSONVILLE, FL 32206	DO NOT WRITE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.	noing \$5.00 May Be
10. OFFICERS AND DIRECTORS ITILE PD NAME: BRIGHTWELL, STEVE STREET ADDRESS 15 W 41ST STREET CITY-ST-ZIP JACKSONVILLE, FL 32206 ITILE VD NAME: BRIGHTWELL, STACEY STREET ADDRESS 15 W 41ST STREET CITY-ST-ZIP JACKSONVILLE, FL 32206 ITILE NAME: NAME: STACEY	700075015167 05/22/0601003006 **150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF BIGGING OFFICER OR DIRECTOR Date Date Date	