

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

08-16-2007 90013 011 \*\*\*158.75

<b>DOCUMENT # P01000035214</b> 1. Entity Name <b>MAINSCAPE LAWN SERVICE INC.</b>			
Principal Place of Business <b>15 W 41ST STREET JACKSONVILLE, FL 32206</b>		Mailing Address <b>15 W 41ST STREET JACKSONVILLE, FL 32206</b>	
2. Principal Place of Business - No P.O. Box # <b>8182 ALDERMAN ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>8182 ALDERMAN ROAD</b> Suite, Apt. #, etc.	
City & State <b>JACKSONVILLE, FLORIDA</b> Zip Country <b>32211 USA</b>		City & State <b>JACKSONVILLE FLORIDA</b> Zip Country <b>32211 USA</b>	
4. FEI Number <b>59-3707623</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BRIGHTWELL, STEVE</b> <b>15 W 41ST STREET</b> <b>JACKSONVILLE, FL 32206</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>STEVE BRIGHTWELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>8182 ALDERMAN ROAD</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32211</b>	
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 <u><i>Steve N. Brightwell</i></u> <u><i>Steve N. Brightwell</i></u> <u>8-9-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIGHTWELL, STEVE 15 W 41ST STREET JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>STEVE BRIGHTWELL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8182 ALDERMAN ROAD</b> <b>JACKSONVILLE, FLORIDA 32211</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete BRIGHTWELL, STACEY 15 W 41ST STREET JACKSONVILLE, FL 32206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u><i>Steve N. Brightwell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>8-9-07</u> <u>904-652-4523</u> <small>Date Daytime Phone #</small>	