


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P0200011139 1. Entity Name MGMI LANDSCAPE COMPANY INC.	
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Principal Place of Business 608 60 STREET NW BRADENTON, FL 34209	Mailing Address 608 60 STREET NW BRADENTON, FL 34209
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08292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0430064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WURM, GEORGE JR
608 60 STREET NW
BRADENTON, FL 34209

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000377455
08/31/05-80002-019 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WURM, GEORGE JR 608 60 STREET NW BRADENTON, FL 34209
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: George J. Wurm Jr Date: 8/29/05 Daytime Phone #: 941-792-6290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR