

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AF)

FILED
Sep 22, 2004 8:00 am
Secretary of State

08-27-2004 90008 017 ***150.00
02-06-2004 90024 005 ***150.00

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DOCUMENT # P03000063720

1. Entity Name

MICHAEL'S LANDSCAPING SERVICES, INC.



Principal Place of Business

**3805 9TH STREET SW
VERO BEACH FL 32968**

Mailing Address

**3805 9TH STREET SW
VERO BEACH FL 32968**

2. Principal Place of Business

1346 40 AVE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 2502

Suite, Apt. #, etc.



MOORE CR2E034 (4/04)

City & State

VERO BEACH

City & State

VERO BEACH

4. FEI Number

20-0550 215

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMONS, MICHAEL
3805 9TH STREET SW
VERO BEACH FL 32968**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **SIMONS, MICHAEL**
STREET ADDRESS **3805 9TH STREET SW**
CITY-ST-ZIP **VERO BEACH FL 32968**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SIMONS MICHAEL** ☒ Change ☐ Addition
NAME **PO BOX 2502**
STREET ADDRESS **VERO BEACH**
CITY-ST-ZIP **32961**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Michael Simons*

MICHAEL SIMONS

8/21/04

772 4737686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Daytime Phone #