2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000063720

1. Entity Name
MICHAEL'S LANDSCAPING SERVICES, INC.

Principal Place of Business	Mailing Address
1346 40 AVE VERO BEACH, FL 32960	P.O. BOX 2502 VERO BEACH, FL 32961

DO NOT WRITE IN THIS SPACE

05032006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0550215	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMONS, MICHAEL
1346 40 AVE
VERO BEACH, FL 32960

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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 $150.00 **Due by September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIMONS, MICHAEL
STREET ADDRESS	P.O. BOX 2502
CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/20/06-80124-012 150.00

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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: _Michael Simons_   5/5/06   772 473 7686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #