


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000063720		
1. Entity Name MICHAEL'S LANDSCAPING SERVICES, INC.		

**FILED**  
07 JUN 27 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1346 40 AVE VERO BEACH, FL 32960	Mailing Address P.O. BOX 2502 VERO BEACH, FL 32961
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2. Principal Place of Business - No P.O. Box # 1346 40 AVE Suite, Apt. #, etc. VERO BEACH FLA.	3. Mailing Address P.O. BOX 2502 Suite, Apt. #, etc. VERO BEACH FLA.
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City & State VERO BEACH FLA.	City & State VERO BEACH FLA.
Zip 32960	Country INDIAN RIVER

4. FEI Number 20-0550215	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SIMONS, MICHAEL 1346 40 AVE VERO BEACH, FL 32960
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 Michael Simon (NOTE: Registered Agent signature required when reinstating) DATE 6/20/07

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONS, MICHAEL P.O. BOX 2502 VERO BEACH, FL 32961 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 05/04/07 01025 006 \$78.75 800105296368 07/03/07--01015--005 **71.25
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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.

SIGNATURE: Michael Simon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 6/20/07 772 4737686