

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90441 012 \*\*\*150.00

<b>DOCUMENT # P03000078864</b>					
<b>1. Entity Name</b> <b>MAINLY MOWING, INC.</b>					
<b>Principal Place of Business</b> <b>1000 W MARION AVE UNIT 10</b> <b>PUNTA GORDA, FL 33950</b>			<b>Mailing Address</b> <b>113 GOLD TREE STREET</b> <b>PUNTA GORDA, FL 33955</b>		
<b>2. Principal Place of Business</b> <b>2100 Kings Hwy</b> Suite, Apt. #, etc. <b>Unit 62</b> City & State <b>Port Charlotte FL</b> Zip <b>33980</b>		<b>3. Mailing Address</b> <b>2100 Kings Hwy</b> Suite, Apt. #, etc. <b>Unit 62</b> City & State <b>Port Charlotte, FL</b> Zip <b>33980</b>		<div style="text-align: center;"> </div>	
Country <b>Charlotte</b>		Country <b>Charlotte</b>		<b>04232006</b> <b>Chg-P</b> <b>CR2E034 (11/05)</b>	
<b>4. FEI Number</b> <b>30-0195269</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>CAMPBELL, RICHARD W</b> <b>1000 W MARION AVE UNIT 10</b> <b>PUNTA GORDA, FL 33950</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code       </div>		
<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.</b>					
SIGNATURE <u>Richard W. Campbell</u> <u>Richard W. Campbell</u> <u>3/30/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> 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	<b>P</b> <input type="checkbox"/> Delete <b>CAMPBELL, RICHARD W</b> <b>1000 WEST MORIAN AVE - 10</b> <b>PUNTA GORDA, FL 33950</b>		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	
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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	
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	
<b>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>					
<b>SIGNATURE:</b> <u>Richard W. Campbell</u> <u>Richard W. Campbell</u> <u>3/30/06</u> <u>941-916-0579</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					