

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130372

Entity Name: MIKE'S PROFESSIONAL LAWN & GARDEN CARE INC.

FILED  
Mar 15, 2006  
Secretary of State

**Current Principal Place of Business:**

7415 S.W. 11TH CT  
N. LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

7415 S.W. 11TH CT  
N. LAUDERDALE, FL 33068

**New Mailing Address:**

FEI Number: 56-2414084      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RHODEN, MICHAEL H  
7415 S.W. 11TH CT  
N. LAUDERDALE, FL 33068 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RHODEN, MICHAEL  
Address: 7415 S.W. 11TH CT  
City-St-Zip: N. LAUDERDALE, FL 33068

Title: V ( ) Delete  
Name: RHODEN, SHARON  
Address: 7415 S.W. 11TH CT  
City-St-Zip: N. LAUDERDALE, FL 33068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON RHODEN

VP

03/15/2006

Electronic Signature of Signing Officer or Director

Date