

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000013852
1. Entity Name
MIKE'S LAWN IMPROVEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 695 A1A N, UNIT 79 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PONTE VEDRA BEACH, FL	City & State	4. FEI Number 84-1635310	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32082	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name WILSON, CHRISTOPHER M.	
Street Address (P.O. Box Number is Not Acceptable) 695 A1A N, UNIT 79	
City PONTE VEDRA BEACH	FL Zip Code 32082

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE D	NAME WILSON, CHRISTOPHER M.	TITLE	NAME
STREET ADDRESS 695 A1A N, UNIT 79	CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE <i>Christopher M. Wilson</i> CHRISTOPHER M. WILSON	Date 4-28-05	904 285-5062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #