2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

DOCUMENT # P0400040782 1. Entity Name MLR LANDSCAPING, INC.						04-26-2005	90154	040 ***15	58.75
Principal Place 4501 SE 7TH OCALA, FL 3	I PL	Mailing Address 4501 SE 7TH PL OCALA, FL 34471	4501 SE 7TH PL					AND 1888 1888 1888	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02052005	Chg-P	CR2E	034 (10/03)	
City & State		City & State		4. FEI Number	VEB 10-	od.		plied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	A	\$8.75 Add	Iltional
	6. Name and Address of Curre	nt Registered Agent		<u> </u>	7. Name and	Address of New R	egistered		
LANEY M	ICUAELI			Name					
LANEY, MICHAEL L 4501 SE 7TH PL OCALA, FL 34471			Street Address (P.O. Box Number is Not Acceptable)						
00,101,11	5 9 17 7 7								
				City			FL	Zip Cod	е
	named entity submits this statement ions of registered agent.	t for the purpose of changing	j its register	red office or registe	ered agent, or both	, in the State of Fk	orida. I am	temiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematching) DATE									
	P NOMEN PPP 10 24FA AA	9. Election Can	npaign Fina	ncina \$5	5.00 May Be				
After Ma	E NOWIII FEE IS \$150.00 ny 1, 2005 Fee will be \$55	0.00 Trust Fund C	Contribution	. Ad	ded to Fees				
10.	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AN		
TITLE NAME	LANEY, MICHAEL L	☐ Celete	TITI Na)					Change	☐ Addition
STREET ADDRESS	4501 SE 7TH PL			EET ADORESS					
CITY-ST-ZIP	OCALA, FL 34471			Y-ST-ZIP				☐ Change	☐ Addition
TITLE NAME	LANEY, KAROL R	Delete	TITI Naj	4				C) ciande	TT MODITION
STREET ADDRESS	4501 SE 7TH PL			EET ADDRESS					
CITY-ST-ZIP	OCALA, FL 34471	Chin	CIT TIT	Y-ST-ZIP	····· ································	 		☐ Change	Addition
NAME		☐ Delete	NA)	1				C) Change	☐ Addition
STREET ADDRESS				EET ADDRESS					
CIFY-ST-ZIP TITLE		☐ Delete	TITI	Y-ST-ZIP				☐ Change	☐ Addition
NAME		LL3 Desite	NAI					Change	Addition
STREET ADDRESS CITY-ST-ZIP				IEET ADDRESS Y-ST-ZIP					
TITLE		☐ Delete	III					☐ Change	Addition
NAME			NAI	4					Carlo Carlo
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP					
TITLE		☐ Delete	TIT	E			•	☐ Change	Addition
NAME STREET ADORESS			NAJ	1					
STREET ADDRESS CITY-ST-ZIP				IEET ADDRESS Y-ST-ZIP					
12. I hereby o	certify that the information supplied v	vith this filing does not qualif	y for the exi	emption stated in S	Section 119.07(3)(i), Florida Statutes.	I further ce	ertify that the in	nformation

12. Thereby certify that the information supplied with this fining 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 eath; 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: Dichard & Journal Michard L. Lawry 3/23/05 352-644-2786
SIGNATURE AND TYPED ON PRINTED MAJE OF SIGNARY OFFICER ON DIRECTOR

Deb Deptine Price #