

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000081902

FILED
Mar 17, 2006
Secretary of State

Entity Name: IT'S A MIRACLE LAWN CARE & LANDSCAPING SERVICE, INC.

Current Principal Place of Business:

3207 AVENUE D
FORT PIERCE, FL 34950 US

New Principal Place of Business:

3131 ORLEANDER AVENUE
FORT PIERCE, FL 34950 US

Current Mailing Address:

P O BOX 13402
FORT PIERCE, FL 349463402 US

New Mailing Address:

FEI Number: 20-1158477 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JORDAN, KAREN R
1600 SAN DIEGO AVENUE
FORT PIERCE, FL 34946 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: PD () Delete
Name: JORDAN, KAREN R
Address: P.O. BOX 13402
City-St-Zip: FORT PIERCE, FL 34902

Title: VD () Delete
Name: ADAMS, NAOMI
Address: 1600 SAN DIEGO AVENUE
City-St-Zip: FORT PIERCE, FL 34946

Title: VTD (X) Delete
Name: INGRAM, CLARENCE
Address: 2221 N 53RD STREET
City-St-Zip: FORT PIERCE, FL 34946

Title: SD (X) Delete
Name: GEORGE, EGLAH
Address: 3307 AVENUE L
City-St-Zip: FORT PIERCE, FL 34947

Title: D (X) Delete
Name: PRESTON, GREGORY
Address: 707 N. 7TH STREEET
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PRESTON, GREGORY
Address: 707 N 7TH STREET, ROOM 262
City-St-Zip: FORT PIERCE, FL 34950

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

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 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: KAREN R JORDAN

P

03/17/2006

Electronic Signature of Signing Officer or Director

_____ Date