

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121203

Entity Name: MGA MOWING, INC

FILED  
Jul 27, 2007  
Secretary of State

## Current Principal Place of Business:

5252 KC DURHAM RD  
ST CLOUD, FL 34771 US

## New Principal Place of Business:

## Current Mailing Address:

5252 KC DURHAM RD  
ST CLOUD, FL 34771 US

## New Mailing Address:

PO BOX 700809  
ST CLOUD, FL 34770 US

FEI Number: 20-1518769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAGGARD, TARA  
5252 KC DURHAM RD  
ST CLOUD, FL 34771 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HAGGARD, TARA  
Address: 5252 KC DURHAM RD  
City-St-Zip: ST CLOUD, FL 34771 US

Title: VP ( ) Delete  
Name: HAGGARD, ANDREW  
Address: 5252 KC DURHAM RD  
City-St-Zip: ST CLOUD, FL 34771 US

Title: DR ( ) Delete  
Name: FINFROCK, MICHAEL  
Address: 4105 CARDINAL LANE  
City-St-Zip: KISSIMMEE, FL 34744 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: TARA HAGGARD

P

07/27/2007

Electronic Signature of Signing Officer or Director

Date