

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000169117

1. Entity Name
M C LANDSCAPING AND MOWING INC



Principal Place of Business
4679 SE 24TH STREET
OCALA, FL 34471 US

Mailing Address
4679 SE 24TH STREET
OCALA, FL 34471 US

DO NOT WRITE IN THIS SPACE

**FILED
May 04, 2006 08:00 AM
Secretary of State**



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2017543	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent
CARACCIOLI, MICHAEL W
4679 SE 24TH STREET
OCALA, FL 34471

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P D
NAME CARACCIOLI, MICHAEL W
STREET ADDRESS 4679 SE 24TH STREET
CITY-ST-ZIP OCALA, FL 34471

TITLE VP D
NAME CARACCIOLI, DARCI
STREET ADDRESS 4679 SE 24TH STREET
CITY-ST-ZIP OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-2006

Date

Daytime Phone #