

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90199 029 \*\*\*150.00

**60034196**



02212006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000003180</b> 1. Entity Name <b>MULCH MAINTENANCE, INC.</b>					
Principal Place of Business <b>15585 OCEAN WALK CIR #103 FT MYERS, FL 33908</b>			Mailing Address <b>P O DRAWER 60205 FT MYERS, FL 33906</b>		
2. Principal Place of Business <b>9714 Roundstone Circle</b>			3. Mailing Address  		
Suite, Apt. #, etc.  			Suite, Apt. #, etc.  		
City & State <b>Fort Myers, FL</b>			City & State  		
Zip <b>33912</b>		Country <b>USA</b>		4. FE# Number <b>87-0738294</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROYSTON JR, ROBERT D ESQ 12670 NEW BRITTANY BLVD STE 101 FT MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006, Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>EISENMAN, JAMES R</b> STREET ADDRESS <b>15585 OCEAN WALK CIR #103</b> CITY-ST-ZIP <b>FT MYERS, FL 33908</b>			TITLE <b>P57</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>9714 Roundstone Circle</b> STREET ADDRESS <b>Fort Myers, FL 33912</b> CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u></u> <span style="float: right;"><u></u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date: _____</small></span>					