2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90229 030 ***150.00

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1. Entity Name
MULCH MAINTENANCE, INC.

Principal Place of Business	Mailing Address
9714 ROUNDSTONE CIR FORT MYERS, FL 33912	P O DRAWER 60205 FT MYERS, FL 33906

01152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	c/o JOHN M. WICKER,P.A.
Suite, Apt. #, etc	Suite, Apt #, P.O. DRAWER 60205 FORT MYERS,FL 33906
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 87-0738294 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROYSTON JR, ROBERT D ESQ 12670 NEW BRITTANY BLVD STE 101 FT MYERS, FL 33907	Name / Street Address: JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907 City / 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 ______________________
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	EISENMAN, JAMES R	NAME	
STREET ADDRESS	9714 ROUNDTREE CIR	STREET ADDRESS	9714 Roundstone Circle
CITY-ST-ZIP	FORT MYERS, FL 33912	CITY-ST-ZIP	Fort Myers, FL 33912
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] 4-29 239 980 1537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #