


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000038029</b>					
1. Entity Name <b>MIKE'S QUALITY LAWN CARE, INC.</b>					
Principal Place of Business <b>3451 MONTCLAIR CIRCLE NORTH PORT FL 34287 US</b>			Mailing Address <b>3451 MONTCLAIR CIRCLE NORTH PORT FL 34287 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>20-2514358</b>				Applied For <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				1st MOORE CR2E034 (10/07)	
6. Name and Address of Current Registered Agent  <b>PARSONS, MICHAEL 3451 MONTCLAIR CIRCLE NORTH PORT FL 34287</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title. (NOTE: Registered Agent's signature required when new filing.)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARSONS, MICHAEL 3451 MONTCLAIR CIRCLE NORTH PORT FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000814071 02/13/08-80029-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST PARSONS, DEBRA J 3451 MONTCLAIR CIRCLE NORTH PORT FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSONS, DEBRA J 3451 MONTCLAIR CIRCLE NORTH PORT FL 34287	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Michael Parsons</u> <b>Michael Parsons</b> PD.			1-31-08 (941) 626-5165		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day and Phone #		