

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 03, 2006 8:00 am
Secretary of State**

03-03-2006 90095 022 ***150.00

DOCUMENT # P05000054146

1. Entity Name
MARTIN SCHAU'S LAWN SERVICE, INC.



Principal Place of Business
1864 DOUGLAS AVE.
DUNEDIN, FL 34698

Mailing Address
1864 DOUGLAS AVE.
DUNEDIN, FL 34698



2. Principal Place of Business

3. Mailing Address

Suite, Apt. # GIC

Suite, Apt. #, etc.

02242006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-2724369

Applied For

Not Applicable

Zip

Zip

Country

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

SCHAU, MARTIN
1864 DOUGLAS AVE.
DUNEDIN, FL 34698

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 - Type or Print Name of Registered Agent and Title if Applicable

(NOTE: Registered Agent signature required when remitting)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME MARTIN SCHAU
STREET ADDRESS 1864 DOUGLAS AVE.
CITY-ST-ZIP DUNEDIN, FL 34698

Delete

TITLE

Change

Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

Change

Addition

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

Date

Daytime Phone #