

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90179 024 \*\*\*150.00

**DOCUMENT# P05000089048**

1. Entity Name

MIKE'S LAWN SERVICE & TRACTOR WORK, INC.



Principal Place of Business

1035 E. LAKE PARK DR.  
BOX #15  
LAKELAND, FL 33801

Mailing Address

1035 E. LAKE PARK DR.  
BOX #15  
LAKELAND, FL 33801



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3034773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LABARBERA, MICHAEL S II  
1035 E. LAKE PARKER DRIVE, *Box 15*  
LAKELAND, FL 33801

**DO NOT WRITE  
IN THIS SPACE**

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  
NAME LABARBERA, MICHAEL S II  
STREET ADDRESS 1035 E. LAKE PARKER DRIVE, BOX #15  
CITY-ST-ZIP LAKELAND, FL 33801

TITLE  
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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:**

*Michael S. Labarbera II* MICHAEL S. LABARBERA II  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-06  
Date

863-665-9664  
Daytime Phone #