2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000024245

DIRT CHEAP, MULCH & MORE, INC.



FILED Aug 11, 2008 8:00 am Secretary of State 08-11-2008 90122 038 ***150.00

					100	1200					
Principal Place of Business M			Mailing Address	Mailing Address			4011	0100			
234 N FIRST ST			234 N FIRST ST			· [.					
JACKSONVILLE BEACH, FL 32250			JACKSONVILLE BEACH, FL 32250			.	•				
							 				
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suita Apt # atc							
Suite, Apt. #, etc.			`				08062008	Chg-P	CR2	E034 (12/06)	
City & State			City & State	City & State			4. FEI Numb	er			ot Applic
Zip	Zip Country		Zip	Zip Country			5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
	Registered Agent			- · · · · · · ·	7. Name and	Address of New F	legistere	d'Agent			
					Name						
MILLER, JO				Street Address (P.C			O. Box Numb	er is Not Acceptable	e)		
333 FIRST ST N SUITE 305 JACKSONVILLE BEACH, FL 32250											
				City						■ Zip Coo	
					City				F	<u> </u>	
	named entity ions of regist		or the purpose of changing its	register	ed office or	registered	d agent, or bo	th, in the State of Fl	orida.la	m familiar with	, and acr
SIGNATURE_	<u> </u>		and title if anytingble	T. Posistera	od Ament cionaba	wa manifed w	han rainetating)		DATE	· · · · · · · · · · · · · · · · · · ·	
	Signature, typed	or printed name of registered agent	ала пре паррисаоне. (NO)	E: negistere	d Agent signatu	ne redoned w	nen remstanië)		DATE		
FILE NOWIII FEE IS \$150.00 9. Election Campaign							O May Be	In accordance			
Due by September 12, 2008 Trust Fund Contr					L	Addec	to Fees	corporation did	not rece	ive the prior	notice.
10. : OFFICERS AND DIRECTORS							ADDITIONS	/CHANGES TO OFF	ICERS A	ND DIRECTOR	RS IN 11
TITLE	D	*5	☐ Delete	TITL	E					☐ Change	☐ Ad
NAME MADDEN, MICHAEL P				NAM							
STREET ADDRESS 234 N FIRST ST CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250			2250		EET ADDRESS /-ST-ZIP	1					
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NAME				NAM	ME .						
STREET ADDRESS				1	EET ADDRESS						
CITY-ST-ZIP				CIT	Y-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 informatiindicated 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 direct
of the corporation or the receiver of profise empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATUDE!