

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000004460

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** MACH 2 LAWN CARE SERVICES INC

**Current Principal Place of Business:**

1412 CRAFTSMAN AVENUE WEST  
KISSIMMEE, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 470771  
KISSIMMEE, FL 34747 US

**New Mailing Address:**

**FEI Number:** 35-2401242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, PETER MR  
1412 CRAFTSMAN AVENUE WEST  
KISSIMMEE, FL 34747 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DENNIS, PAUL MR  
**Address:** 2086 RIVERPARK BLVD  
**City-St-Zip:** ORLANDO, FL 33817 US

**Title:** VP  
**Name:** DEIGHTON, GRAHAM MR  
**Address:** 1462 STICKLEY AVENUE  
**City-St-Zip:** KISSIMMEE, FL 34747 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PETER ANDERSON

MR

06/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date