

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-14-2006 90021 006 ***150.00

DOCUMENT # P95000009930 1. Entity Name MORGAN'S LAWN MOWER SALES & SERVICE, INC.			
Principal Place of Business 2435 HWY 4415 E. OKEECHOBEE, FL 34974 US		Mailing Address 9949 N.E. 16TH STREET OKEECHOBEE, FL 34974	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 9801 NE 16th St Suite, Apt. #, etc.	
City & State Okeechobee FL		City & State Okeechobee FL	
Zip 34974		Zip 34974	
Country USA		Country USA	
4. FEI Number 65-0568879		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent METZGER, URUSULA 8603 S. DIXIE HIGHWAY SUITE 207 MIAMI, FL 33143		7. Name and Address of New Registered Agent 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: <u><i>James Morgan</i></u> DATE: <u>7-11-06</u> <small>Signature typed or printed name of registered agent and fee if applicable (Not for Registered Agent Signature required when renewing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MORGAN, JAMES STREET ADDRESS 9949 N.E. 16TH STREET CITY - ST - ZIP OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MORGAN, YVONNE STREET ADDRESS 9949 N.E. 16TH STREET CITY - ST - ZIP OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>James Morgan</i></u> 7-27-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	