

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90043 045 ***150.00

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01102005 Chg-P CR2E034 (10/03)

DOCUMENT # P95000031604 1. Entity Name DETAILED LAWNS BY MIKE, INC.					
Principal Place of Business 12105 NW 27 DRIVE CORAL SPRINGS, FL 33065			Mailing Address 12105 NW 27 DRIVE CORAL SPRINGS, FL 33065		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0579074	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FAMA, MICHAEL 12105 NW 27 DR CORAL SPRINGS, FL 33065					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PT	<input type="checkbox"/> Delete	TITLE	MICHAEL & LISA FAMA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAMA, MICHAEL		NAME	* 12105 NW 27th DRIVE	
STREET ADDRESS	8112 S.W. 23RD STREET		STREET ADDRESS	CORAL SPRINGS, FL 33065	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	MICHAEL & LISA FAMA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAMA, LISA		NAME	* 12105 NW 27th DRIVE	
STREET ADDRESS	8112 S.W. 23RD STREET		STREET ADDRESS	CORAL SPRINGS, FL 33065	
CITY-ST-ZIP	NORTH LAUDEDALE, FL 33068		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>1/22/2005</i> Daytime Phone # _____		