2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2005 8:00 am **Secretary of State** DOCUMENT # P98000066001 1. Entity Name 03-29-2005 90026 012 ***150.00 MY LAWN & PLANT MAINTENANCE, INC. Principal Place of Business Mailing Address 7520 WW 11TH PLACE DANIA BEACH FL 33312 7520 WW 11TH PLACE DANIA BEACH FL 33312 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0850937 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Young, MATI 7520 N.W. 11+LPlace Plantation, F1.33313 YOUNG, MATT Street Address (P.O. Box Number is Not Acceptable) 3301 S.W. 44TH ST. DANIA BEACH FL 33312 Zip Code City 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 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00" 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. M.Y. Lawn & Plant Maint. Installange TITLE ☐ Delete TITLE YOUNG, MATT NAME Young MATT D. 7530 N.W. 11th Place Plantation, Fl. 33313 NAME STREET ADDRESS 3301 S.W. 44 STREET STREET ADDRESS CITY-ST-ZIP **DANIA FL 33312** CITY-ST-7IP ☐ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IP TITLE ☐ Delete П Спапае ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 954 253-4668 changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

☐ Delete

FILED

316-0318

☐ Change

☐ Addition