


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000054112  
 1. Entity Name  
 MICHAEL'S LAWN CARE, INC.



Principal Place of Business      Mailing Address  
 392 VILLANOVA RD                      392 VILLANOVA RD  
 VENICE, FL 34293                      VENICE, FL 34293

**DO NOT WRITE IN THIS SPACE**



03242005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0928963      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WOMELDORPH, HOWARD R JR.  
 7648 LOCKWOOD RIDGE RD  
 SARASOTA, FL 34243

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE      D  
 NAME      SZEDLAK, MICHAEL  
 STREET ADDRESS      392 VILLANOVA RD  
 CITY - ST - ZIP      VENICE, FL 34293

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 05/02/05-80147-005 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael Szedlak Michael SZEDLAK 3.24/05. 941-496-7697  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #