2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2005 08:00 AM DOCUMENT # P03000071390 1. Entity Name **Secretary of State** J & J'S LAWN & TREE SERVICE, INC. Principal Place of Business Mailing Address 3244 HUNTER COURT APOPKA FL 32703 3244 HUNTER COURT APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 56-2378894 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent llan MCMILLIAN, JEFFREY J Street Address (P.O. Box Number is Not Acceptable) 3244 HUNTÉR COURT APOPKA FL 32703 Zip Code FL 1 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 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 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, D TOTLE Delete Change ☐ Addition NAME MCMILLAN, JEFFREY J NAME ADEXED (A STREET ADDRESS STREET ADDRESS 3244 HUNTER COURT APOPKA FL 32703 CHY SI-719 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition 000000203818 02/02/05-80056-011 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition HULF ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF THEF DEF ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-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)(f), Florida Statutes 1 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 1 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

Jeffrey J MMillan

FILED