2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 18, 2008 08:00 AM Secretary of State

DOCUMENT # P03000071390 1. Enlity Name J & J'S LAWN & TREE SERVICE, INC.									CI CIII	. y 01	State
Principal Place of Business 2607 SEMORAN BLVD APOPKA, FL 32703				Mailing Address 522 HUNT CLUB BLVD #333 APOPKA, FL 32703						11	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt #, etc.				Suite, Apt. #, etc.			02112008	Chg-P	CR2E03	34 (12/06)	
City & State				City & State		4. FEI Numb 56-237			No	plied For t Applicable	
Zip				Zıp	Coun	itry	5. Certificate of Status Desired Fee Required				
		e and Address of Curren	t Regis	tered Agent		7. Name and Address of New Registered Agent Name					
MCMILLIAN, JEFFREY J 521 STRATHCYLDE CT. APOPKA, FL 32712						Street Address (P.O. Box Number is Not Acceptable)					
THE OFFICE OFFICE				Cin						Zip Code	2
8. The above	- named entit	ly submits this statement	for the r	purpose of changing its	register	City FL Zip Code ed office or registered agent, or both, in the State of Florida. Fam familiar with, and accept					
	itions of regist		OI II IO p	urpose or ondrying no	Teglator	ad onice or region	ered agent, or se	All, in the otate of the	Jilua. Camila	Hatinga arata, .	and accept
SIGNATURE		d or printed name of registered agen	ni and tile	if applicable (NOT	E Registere	id Agent signature require	red when reinstaling)		DATE	4	
FIL After M	.E NOW!!! lay 1, 200	FEE IS \$150.00 8 Fee will be \$550	.00	9. Election Campai Trust Fund Gonti			5.00 May Be dded to Fees				
10.	T	OFFICERS AND	O DIREC		11.		ADDITIONS	/CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP						l l		U00000 02/26/08-	830727	□ Change 020 150	Addition
NAME STREET ADDRESS	- 1					ET ADDRESS				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		, FL 32712		☐ Delete	TITLE NAMI STRE					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		I				☐ Change	☐ Addition
NAME SIREET ADDRESS CITY-ST-ZIP				□ Delete						☐ Change	Addition
indicated of the cor	d on this repor rporation or th	e information supplied wit irt or supplemental report i he receiver or trustee emp achment with an address,	is true a powered	and accurate and that medical to execute this report is	ny signat as requir	ture shall have the	e same legal effec	ct as if made under d	oath; that I an	n an officer o	or director

JEFF Mcmillen