

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90059 022 \*\*\*150.00

DOCUMENT # P05000120990

1. Entity Name

JERRY'S CUSTOM LANDSCAPING INC.



Principal Place of Business

6636 SW 33 ST  
MIRAMAR FL 33023

Mailing Address

6636 SW 33 ST  
MIRAMAR FL 33023



2. Principal Place of Business - No P.O. Box #

6636 SW 33 ST

Suite, Apt. #, etc.

3. Mailing Address

6636 SW 33 ST

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Miramar FL

Zip  
33023

Country  
U.S.

City & State

Miramar FL

Zip  
33023

Country  
U.S.

4. FEI Number 03-0569442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, JERRY  
6636 SW 33 ST  
MIRAMAR FL 33023

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

Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME JOSEPH, JERRY  
STREET ADDRESS 6636 SW 33 ST  
CITY- ST- ZIP MIRAMAR FL 33023 ☐ Delete

TITLE VP  
NAME JOSEPH, LORIUS  
STREET ADDRESS 6636 SW 33 ST  
CITY- ST- ZIP MIRAMAR FL 33023 ☐ Delete

TITLE BOB  
NAME JOSEPH, WALKER  
STREET ADDRESS 6636 SW 33 ST  
CITY- ST- ZIP MIRAMAR FL 33023 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07

Date

Daytime Phone #