

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166544

Entity Name: LAWN JOCKEYS, INC.

FILED  
Feb 15, 2007  
Secretary of State

## Current Principal Place of Business:

6603 S INDIAN RIVER DRIVE  
FORT PIERCE, FL 34982

## New Principal Place of Business:

664 SE DEGAN DR  
PORT ST LUCIE, FL 34983

## Current Mailing Address:

6603 S INDIAN RIVER DRIVE  
FORT PIERCE, FL 34982

## New Mailing Address:

664 SE DEGAN DR  
PORT ST LUCIE, FL 34983

FEI Number: 20-4014152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LENNON, TIM P  
6603 S INDIAN RIVER DRIVE  
FORT PIERCE, FL 34982 US

## Name and Address of New Registered Agent:

LENNON, TIM P  
664 SE DEGAN DR  
PORT ST LUCIE, FL 34983 US

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.

SIGNATURE:

02/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LENNON, TIMOTHY P  
Address: 6603 S INDIAN RIVER DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete  
Name: HEPLER, BRIAN R  
Address: 3200 S 7TH STREET #6  
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete  
Name: LENNON, ANGELA A  
Address: 6603 S INDIAN RIVER DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: VP (X) Delete  
Name: LENNON, GEORGE  
Address: 6603 S INDIAN RIVER DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LENNON, TIMOTHY P  
Address: 664 SE DEGAN DR  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D (X) Change ( ) Addition  
Name: MARINO, MICHAEL R  
Address: 1880 NW SUNSET BLVD  
City-St-Zip: JENSEN BEACH, FL 34957

Title: VP (X) Change ( ) Addition  
Name: LENNON, ANGELA A  
Address: 664 SE DEGAN DR  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA A. LENNON

VP

02/15/2007

Electronic Signature of Signing Officer or Director

Date