

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028260

FILED  
Jul 18, 2011  
Secretary of State

**Entity Name:** PREFERRED LAWN CARE OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

9951 ATLANTIC BOULEVARD  
SUITE 112  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

9951 ATLANTIC BOULEVARD  
SUITE 112  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

**FEI Number:** 20-4036957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

REESE, MARIE  
9951 ATLANTIC BOULEVARD  
SUITE 112  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P,D  
**Name:** REESE, JANICE  
**Address:** 9951 ATLANTIC BOULEVARD, SUITE 112  
**City-St-Zip:** ST AUGUSTINE, FL 32092 US

**Title:** VP,D  
**Name:** GILLIAM, LAWANA B  
**Address:** 9951 ATLANTIC BOULEVARD, SUITE 112  
**City-St-Zip:** JACKSONVILLE, FL 32225 US

**Title:** S,T  
**Name:** GILLIAM, LAWANA B  
**Address:** 9951 ATLANTIC BOULEVARD, SUITE 112  
**City-St-Zip:** JACKSONVILLE, FL 32225 US

I hereby 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 all other like empowered.

**SIGNATURE:** LAWANNA B GILLIAM

VP

07/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date