

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90238 001 ***150.00

DOCUMENT # J13906

1. Entity Name

J-D'S LAWN SERVICE, INC.



Principal Place of Business

16223 NW 17 COURT
PEMBROKE PINES FL 33028
US

Mailing Address

16223 NW 17 COURT
PEMBROKE PINES FL 33028
US

2. Principal Place of Business

1968 NW 169 AVE

Suite, Apt. #, etc.

3. Mailing Address

1968 NW 169 AVE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

PEMBROKE PINES, FL

Zip

33028

Country

USA

City & State

PEMBROKE PINES, FL

Zip

33028

Country

USA

4. FEI Number

59-2676908

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEVITO, JAMES R
16223 NW 17TH COURT
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

JAMES R. DEVITO

Street Address (P.O. Box Number is Not Acceptable)

1968 NW 169 AVE

City

PEMBROKE PINES

FL

Zip Code

33028

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

X

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

(NOTE: Registered Agent signature required when reinstating)

3-21-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 PD ☐ Delete
NAME DEVITO, JAMES R
STREET ADDRESS ~~16223 NW 17 COURT~~
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE SD ☐ Delete
NAME DEVITO, MARLENE G
STREET ADDRESS ~~16223 NW 17 COURT~~
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME ☒ Change ☐ Addition
NAME
STREET ADDRESS 1968 NW 169 AVE
CITY-ST-ZIP SAME

TITLE SAME ☒ Change ☐ Addition
NAME
STREET ADDRESS 1968 NW 169 AVE
CITY-ST-ZIP SAME

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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)(i), 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:

Marlene Devito, sec-dir.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-04

Date

954-704-8296

Daytime Phone #