## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # K47373** 04-03-2006 90395 041 \*\*\*150.00 1. Entity Name JASSO LANDSCAPE MANAGEMENT COMPANY Principal Place of Business Mailing Address 2001000 C/O JOE A. JASSO C/O JOE A. JASSO, JR. 5226 GLENMORE DRIVE P.O. BOX 90766 LAKELAND, FL 33813 LAKELAND, FL 33804 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 59-2919854 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JASSO, JOE A. JR. Street Address (P.O. Box Number is Not Acceptable) 5226 GLENMORE DRIVE LAKELAND, FL 33813 City 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. 3/25/06 esso SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE-18-\$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition ☐ Detete TITLE IMF JASSO, JOE A. JR. NAME NAME STREET ADDRESS 5226 GLENMORE DR STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP ☐ Delete TITLE 708 Harbour Post Drive Tampa, FL 33602 JASSO, GREGORY W. NAME MAME STREET ADDRESS 700 DOCKVIEW WAY #1123 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE JASSO, GLENDA T. NAME NAME STREET ADDRESS 5226 GLENMORE DR STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP ■ Addition TITLE ☐ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Channe ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attact/right with an address, with all other like empowered.

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SIGNATURE:

**FILED**