2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # K82455 1. Entity Name S & J LAWN SERIVCE, INC. Principal Place of Business Mailing Address 1825 IVY LANE **1825 IVY LANE** WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Saite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 59-2997665 Not Applicable Ζıp 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 PANTKE, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 1825 IVÝ LANE WINTER PARK FL 32792 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. SIGNATURE Signature, typod or crimed learns of registered agent and the Taloptoace (NOTE: Registered Agent symptom required when remetating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TIT! F गाश इ ☐ Change Defete U00000935204 ☐ Addition PANTKE, STU NAME NAME 05/23/08-80061-019 150.00 STREET ADDRESS 1825 IVY LANE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY+ST-ZIP VPD Defete TITLE TITLE ☐ Change ■ Addition NAME PANTKE, PAT NAME STREET ADDRESS 1825 IVY LANE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP THLE ☐ Delete TITLE Change Addition SD MAME PANTKE, SCOTT NAME STREET ADDRESS 1825 IVY LANE STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP WINTER PARK FL 32792 D Delete ☐ Change Addition PANTKE, JOSHUA NAME 1825 IVY LANE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deiete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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12. Thereby 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