


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State


DOCUMENT # K89241
 1. Entity Name
JAV LAWN, INC.



Principal Place of Business
2214 SHADOW OAKS RD
SARASOTA, FL 34240 US

Mailing Address
2214 SHADOW OAKS RD
SARASOTA, FL 34240 US

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0129408

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

5. Name and Address of Current Registered Agent

VEDHOUSE, JAMES A
2241 SHADOW OAK RD
SARASOTA, FL 34240

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

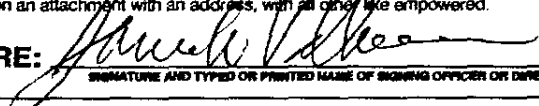
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT VELDHOUSE, JAMES A. 2241 SHADOW OAKS RD. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS VELDHOUSE, LORI 2241 SHADOW OAKS RD. SARASOTA, FL
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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 fee empowered.

SIGNATURE:  **4/28/04** **941 377 0347**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #