

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90025 039 \*\*\*\*\*55.00

**20038112**



|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # L04000054414</b><br>1. Entity Name<br><b>JASON &amp; JASON TREE SERVICE, LLC</b>  |   |  |   |  |  |
| Principal Place of Business<br><b>2065 W. NINE MILE ROAD, APT. #4<br/>PENSACOLA, FL 32534</b>   |   |  | Mailing Address<br><b>2065 W. NINE MILE ROAD, APT. #4<br/>PENSACOLA, FL 32534</b>   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |   |  |  |
| City & State<br><br>Zip      Country  |   | City & State<br><br>Zip      Country                         |   | 4. FEI Number<br><div style="font-size: 1.2em; font-family: cursive;">13-4284050</div> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |   |  |   | 03092005    Chg-LLC    CR2E083 (10/03)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCGOWAN, FAITH N<br/>2065 W. NINE MILE ROAD, APT. #4<br/>PENSACOLA, FL 32534</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <div style="float: right;">FL      Zip Code</div> |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____  |   |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>MCGOWAN, JASON<br/>2065 W. NINE MILE ROAD, APT. #4<br/>PENSACOLA, FL 32534</b> | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>FOSTER, JASON<br/>1099 WELL LINE ROAD<br/>CANTONMENT, FL 32533</b>            | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                              |   |  |  |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  | SIGNATURE:  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  | Date: <div style="font-size: 1.2em; font-family: cursive;">4/15/05</div> Daytime Phone #  |  |  |