
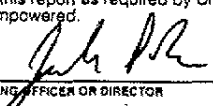


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L60855 1. Entity Name J & J LAWN, INC.		
Principal Place of Business PO BOX 100595 PALM BAY, FL 32910		Mailing Address PO BOX 100595 PALM BAY, FL 32910
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DEBRINO, JOSEPH M. 1320 BOTTIEBRUSH DR. NE 2M PALM BAY, FL 32905		DO NOT WRITE IN THIS SPACE
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) <small>Signature: Typed or printed name of registered agent and title if applicable</small> <small>DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000108138 04/09/04 00043 001 158.00
TITLE	D DEBRINO, JOSEPH	DO NOT WRITE IN THIS SPACE
NAME	PO BOX 100595	
STREET ADDRESS	PALM BAY, FL 32910	
CITY ST ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		
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NAME		
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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: <u>JOSEPH DEBRINO</u> 		Date: <u>4/09/04</u> Daytime Phone #: <u>321-698-1277</u>