2005 FOR PROFIT CORPORATION

Apr 06, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # L60855** 1. Entity Name J & J LAWN, INC. Principal Place of Business Mailing Address PO BOX 100595 PO BOX 100595 PALM BAY; FL 32910 PALM BAY, FL 32910 01282005 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0178686 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEBRINO, JOSEPH M. DO NOT WRITE 1320 BOTTIEBRUSH DR. NE 2M PALM BAY, FL 32905 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 _______Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME DEBRINO, JOSEPH STREET ADDRESS PO BOX 100595 CITY - ST - ZIP PALM BAY, FL 32910 TITLE 11000000289864 04/06/05-80042-021 150.00 STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; 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 at pother like empowered.

ure and typed or printed name of signing officer or director

SIGNATURE:

FILED