2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

IERRU DE LUNA

SIGNATURE: \(\sigma\)

Feb 03, 2004 08:00 AM DOCUMENT # L93929 **Secretary of State** 1. Entity Name JERRY'S LAWN & LANDSCAPING MAINTENANCE, INC. Principal Place of Business Mailing Address 4629 SQUARE LAKE DR PALM BEACH GARDEN FL 33418 US 4629 SQUARE LAKE DRIVE PALM BEACH GARDENS FL 33418 US 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0212220 Not Applicable Z_{iO} Country Zio 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 HANLON, M. TIMOTHY 321 ROYAL POINCIANA PLAZA Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 City Zio 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, typed or printed name of registered agent and liftle if applicable. (NOTE Registered Agent signature required whon reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Ð Delete TITLE Change Addition DELUNA, JERRY NAME NAME STREET ADDRESS 4629 SQUARE LAKE DRIVE STREET ADDRESS CRTY-ST-ZIP PALM BEACH GARDENS FL CHY-SI-ZIP TITLE ☐ Defele THLE Change Addition NAME 81884F U000000030193 STREET ADDRESS STREET ADDRESS 02/04/04-80099-009 150.00 CITY-ST-ZIP CXTY - ST - 789 TITLE Delete TITLE Change ☐ Addition MANGE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TITLE ☐ Delete BILE □ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(f), 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.

FILED

1130/04 561-689-8798