2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2007 08:00 AM DOCUMENT # P0000037506 **Secretary of State** PJ'S LAWN SERVICE, INC. Principal Place of Business Mailing Address 5601 72ND ST N ST PETERSBURG FL 33709 5601 72ND ST N ST PETERSBURG FL 33709 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/06) 1st MOORE City & State Applied For City & State 4. FEI Number 59-3639710 Not Applicable Zip Country Zip 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 SMITH, PATRICK W Street Addross (P.O. Box Number is Not Accoptable) 5601 72ND ST N ST PETERSBURG FL 33709 Zip Code City 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 FILE NOW!!! FEE !S \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIIŒ ☐ Delete HIII ☐ Change ☐ Addition SMITH, PATRICK W NAME NAME 5601 72 ST N 000000638630 02/27/07-80038-021 150.00 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33709 CITY-ST-ZIP CITY-ST-ZIP HTLE. ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HITTE Delele □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP TITLE Defete ☐ Addition THE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP HIF Delete IITIE Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 offect as if made under eath; 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