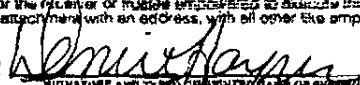


FILED
May 02, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P0000093576 1. Fictitious Name JACKS TRAVELING LAWN MOWER REPAIRS INC.		
Principal Place of Business 13425 TENNESSEE AVENUE ASTATULA, FL 34705		Mailing Address 13425 TENNESSEE AVENUE ASTATULA, FL 34705
DO NOT WRITE IN THIS SPACE		
2. Name and Address of Current Registered Agent HAYNES, DENISE L 13425 TENNESSEE AVENUE ASTATULA, FL 34705		04272005 No Chg-P CRZE034 (10/03) 4. FEI Number 59-3873092 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
3. 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 registered State FILE NOW!!! FEE IS \$160.00 After May 1, 2005 Fee will be \$200.00 4. Election of Certain Reporting Trust Fund Corporation ☐ \$5,000 Initial Fee Added to Fees		
10. OFFICERS AND DIRECTORS		U00000353800 05/03/05-80083-002 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYNES, DENISE L 13425 TENNESSEE AVE ASTATULA, FL 34705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYNES, JACKSON 13425 TENNESSEE AVE ASTATULA, FL 34705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 607.01, Florida Statutes, and that the information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that my name appears in Block 10 or Block 11 of this report, or on an attachment with an address, with all over the empowered		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR		4/28/05 352-636-1439 Date Expiring Phone