2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State
05-22-2006 90046 046 ***150.00

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1. Entity Name
JACKS TRAVELING LAWN MOWER REPAIRS INC.

Principal Place of Business	Mailing Address
13425 TENNESSEE AVENUE ASTATULA, FL 34705	13425 TENNESSEE AVENUE ASTATULA, FL 34705

66020160

DO NOT WRITE IN THIS SPACE

01262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3673092
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAYNES, DENISE L
13425 TENNESSEE AVENUE
ASTATULA, FL 34705

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAYNES, DENISE L
STREET ADDRESS	13425 TENNESSEE AVE
CITY-ST-ZIP	ASTATULA, FL 34705
TITLE	VP
NAME	HAYNES, JACKSON
STREET ADDRESS	13425 TENNESSEE AVE
CITY-ST-ZIP	ASTATULA, FL 34705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Denise Haynes 6/16/06 352-636-1439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #