



2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|---|---------------------------------|---|--|--|
| DOCUMENT # P01000038080 1. Entity Name JUSTIN'S SUPERIOR LAWN CARE CO. | | | |  | |
| Principal Place of Business 13436 PALOMA DR. ORLANDO FL 32837 | | | Mailing Address 13436 PALOMA DR. ORLANDO FL 32837 | | |
| 2. Principal Place of Business Suite, Apt. # _____ | | | 3. Mailing Address Suite, Apt. # _____ | | |
| City & State _____ | | | City & State _____ | | |
| Zip _____ | | Country _____ | | 4. FEI Number 59-3712082 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TILLEY, MICHAEL R 2000 GLADES RD., SUITE 208 BOCA RATON FL 33431 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P JUSTIN, GREEN 13436 PALOMA DR ORLANDO FL 32837 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ | <input type="checkbox"/> Delete | | | |
| 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 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 | | | 000000415168 02/11/06-80069-018 150.00 | | |
| SIGNATURE:  | | | Justin Green | | |
| 1-30-06 | | | 407 929-76 | | |