2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2008 08:00 A Secretary of State DOCUMENT # P01000087179 1. Entity Name J.L. LANDSCAPING & ASSOCIATES, INC. Principal Place of Business Mailing Address 3832 HIDEAWAY LN 165 WELLS RD SUITE 304 MIDDLEBURG, FL 32068 ORANGE PARK, FL 32073 No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3741014 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LITTLES, JOSEPH DO NOT WRITE 3832 HIDEAWAY LN MIDDLEBURG, FL 32068 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE LITTLES, JOSEPH NAME STREET ADDRESS 3832 HIDEAWAY LN. CITY-ST-ZIP MIDDLEBURG, FL 32068 U000000803431 TITLE 02/05/08-80024-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST- ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the 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 of 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 of 3 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR RIGHTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-08 (404) 203550