

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 JUL -9 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P01000095334</b> 1. Entity Name <b>JACQUES LANDSCAPING, INC.</b>			
Principal Place of Business <b>13157 BOULDER WOOD CIR. ORLANDO, FL 32824</b>		Mailing Address <b>20 N ORANGE AVE STE 600 ORLANDO, FL 32801</b>	
2. Principal Place of Business - No P.O. Box # <b>4045 FORRESTAL AVE</b>		3. Mailing Address 	
Suite, Apt. #, etc. <b>UNIT # 11</b>		Suite, Apt. #, etc. 	
City & State <b>ORLANDO, FL</b>		City & State 	
Zip <b>32806</b>		Zip 	
Country <b>USA.</b>		Country 	
4. FEI Number <b>59-3751897</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HENDRY, STONER, CALANDRINO &amp; BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACQUES, INES 13157 BOULDER WOOD CIR. ORLANDO, FL 32824 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>400106258184</b> <b>07/17/07--01016--024 **\$1.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACQUES, KAYLA S 13157 BOULDER WOOD CIRCLE ORLANDO, FL 32824 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> <b>S Hollis, WANDA</b> <b>4045 FORRESTAL AVE, UNIT # 11</b> <b>ORLANDO, FL 32806</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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:		<div style="text-align: right;"> <b>7/5/07</b>  <small>Date</small> </div>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

7/11 am