

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90035 042 \*\*\*150.00

**DOCUMENT # P01000104566**

1. Entity Name

JEROMY'S ACCURATE LANDSCAPING INC.



Principal Place of Business

19095 SE HOMEWARD AVE  
TEQUESTA FL 33469

Mailing Address

19095 SE HOMEWARD AVE  
TEQUESTA FL 33469

2. Principal Place of Business

19095 SE Homewood Ave

3. Mailing Address

19095 SE Homewood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tequesta, FL

City & State

Tequesta, FL

Zip

33469

Country

USA

Zip

33469

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-1148071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCDOWELL, MICHELLE  
19095 SE HOMEWARD AVE  
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name Michelle GLOAD

Street Address (P.O. Box Number is Not Acceptable)

19095 SE Homewood Ave

City Tequesta

FL

Zip

33469

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

M Gload secretary/treasurer (name change)

3/28/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
P  
GLOAD, JEROMY  
STREET ADDRESS  
19095 SE HOMEWOOD AVE  
CITY-ST-ZIP  
TEQUESTA FL 33469

TITLE NAME ☐ Delete  
ST  
MCDOWELL, MICHELLE  
STREET ADDRESS  
19095 SE HOMEWOOD AVE  
CITY-ST-ZIP  
TEQUESTA FL 33469

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition  
secretary/treasurer  
GLOAD, MICHELLE  
STREET ADDRESS  
19095 SE Homewood Ave  
CITY-ST-ZIP  
Tequesta, FL 33469

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

M Gload

3/28/04

561-575-6205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #