


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90016 036 \*\*\*150.00

<b>DOCUMENT # P01000104566</b> 1. Entity Name JEROMY'S ACCURATE LANDSCAPING INC.	
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Principal Place of Business 19095 SE HOMEWOOD AVE. TEQUESTA, FL 33469	Mailing Address 19095 SE HOMEWOOD AVE. TEQUESTA, FL 33469
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40099365



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1148071	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  GLOAD, MICHELLE 19095 SE HOMEWOOD AVE JUPITER, FL 33469 <b>TEQUESTA, FL 33469</b>
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**DO NOT WRITE  
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 \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOAD, JEROMY 19095 SE HOMEWOOD AVE TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLOAD, MICHELLE 19095 SE HOMEWOOD AVE JUPITER, FL 33469 <b>TEQUESTA, FL 33469</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *M. Gload* **1/8/08** **561-252-1773**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #