


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90177 024 \*\*\*150.00

<b>DOCUMENT # P02000098849</b> 1. Entity Name <b>JOHN PALUMBO LAWN CARE INC.</b>					
Principal Place of Business <b>3459 MAIDEN VOYAGE CIRCLE NORTH JACKSONVILLE, FL 32257 US</b>			Mailing Address <b>P.O. BOX 56912 JACKSONVILLE, FL 32241 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>05-0533039</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PALUMBO, JOHN A 11865 MOUNTAIN ASH RD. E. JACKSONVILLE, FL 32223</b>			7. Name and Address of New Registered Agent Name <b>Cheyenne L Palumbo</b> Street Address (P.O. Box Number is Not Acceptable) <b>3459 Maiden Voyage Circle North</b> City <b>Jacksonville</b> FL Zip Code <b>32257</b>		
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 <u><i>Cheyenne Palumbo</i></u> DATE <u>4-30-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PALUMBO, JOHN A 3459 MAIDEN VOYAGE CIRCLE NORTH JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PALUMBO, CHEYANNE L 3459 MAIDEN VOYAGE CIRCLE NORTH JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Cheyenne L. Palumbo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-30-06</u> Daytime Phone # <u>904-707-3263</u>		

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