


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

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| DOCUMENT # P03000000083 1. Entity Name J.N. LANDSCAPING SERVICES, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 6613 ATHENA DR LAKE WORTH FL 33463 | | | | Mailing Address 6613 ATHENA DR LAKE WORTH FL 33463 | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business // | | 3. Mailing Address // | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. // | | Suite, Apt. #, etc. // | | | | | | | | | | | | | | | | | | | | | | | |
| City & State // | | City & State // | | | | | | | | | | | | | | | | | | | | | | | |
| Zip // | | Country PALM BCH | | Zip // | | | | | | | | | | | | | | | | | | | | | |
| Country PALM BCH | | 4. FEI Number 51-0440597 | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent NAJERA, JAVIER 6613 ATHENA DR LAKE WORTH FL 33463 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | | | | | | | | | | | | |
| 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>Javier Najera</u> DATE <u>03-24-04</u> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>NAJERA, JAVIER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6613 ATHENA DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WORTH FL 33463</td> <td></td> </tr> </table> | | | | TITLE | D | Delete <input type="checkbox"/> | NAME | NAJERA, JAVIER | | STREET ADDRESS | 6613 ATHENA DR | | CITY-ST-ZIP | LAKE WORTH FL 33463 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> | | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> | NAME | | STREET ADDRESS | | CITY-ST-ZIP | |
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| 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: <u>Javier Najera</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 03-24-04 561-754-2760 <small>Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | |