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2006 FOR PROFIT CORPORATION ANNUAL REPORT

66021245

DOCUMENT # P03000039891

1. Entity Name
C.J.'S LAND MAINTENANCE, INC.

Principal Place of Business	Mailing Address
290 TREU TERRACE NW PALM BAY, FL 32907	290 TREU TERRACE NW PALM BAY, FL 32907

DO NOT WRITE IN THIS SPACE

02222006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2337182
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, CAROL U
290 TREU TERRACE NW
PALM BAY, FL 32907

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D PRESIDENT
NAME	CAMPBELL, CAROL U
STREET ADDRESS	290 TREU TERRACE NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	BRUCE, JOHN M. - SEC/TREASURER
NAME	
STREET ADDRESS	290 TREU TERR NW
CITY-ST-ZIP	PALM BAY FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 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: John M Bruce Carol U Campbell 4/28/06 321 984-8373
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

JOHN M. BRUCE CAROL U CAMPBELL