

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90157 049 ***150.00

DOCUMENT # P03000093784	
1. Entity Name JIMMY PHILLIPS LANDSCAPING, INC.	

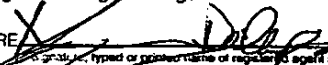
Principal Place of Business 4414 OAK LANE MILTON, FL 32583	Mailing Address 4414 OAK LANE MILTON, FL 32583
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2. Principal Place of Business 5690 Jeff Ates Rd Suite, Apt. #, etc.	3. Mailing Address 5690 Jeff Ates Rd Suite, Apt. #, etc.
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City & State Milton, FL	City & State Milton, FL
Zip 32583	Country Santa Rosa

6. Name and Address of Current Registered Agent PHILLIPS, JIMMY 4414 OAK LANE MILTON, FL 32583 ✓ delete	7. Name and Address of New Registered Agent Name Jimmy Dean Phillips Street Address (P.O. Box Number is Not Acceptable) 5690 Jeff Ates Road City Milton FL 32583
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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.

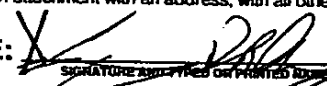
SIGNATURE  **Director** DATE **X 4/21/05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, JIMMY 4414 OAK LANE MILTON, FL 32583 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jimmy Dean Phillips 5690 Jeff Ates Road Milton, FL 32583 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **Director** DATE **X 4/21/05** (850) 626-9972

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR