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	Mailing Address
4414 OAK LANE MILTON, FL 32583	4414 OAK LANE MILTON, FL 32583

03112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5690 Jeff Ates Rd	5690 Jeff Ates Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milton, FL	City & State: Milton, FL
Zip: 32583 Country: Santa Rosa	Zip: 32585 Country: Santa Rosa

4. FEI Number: 59-3678028 ☐ Applied For ☐ Not Applicable

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

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 Zip Code: 32583

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: X [signature] Director X 4/21/05
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, 2005 Fee will be $850.00

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

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
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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: X [signature] Director X 4/21/05 (850)626-9972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #