

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000102862

FILED
Aug 12, 2009
Secretary of State**Entity Name:** CJ'S QUALITY LAWN CARE, INC.**Current Principal Place of Business:**1439 WHITEWOOD AVE
SPRING HILL, FL 34609 US**New Principal Place of Business:****Current Mailing Address:**1439 WHITEWOOD AVE
SPRING HILL, FL 34609 US**New Mailing Address:****FEI Number:** 86-1082225**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**JONES, CATHERINE A
1439 WHITEWOOD AVE
SPRING HILL, FL 34609 US**Name and Address of New Registered Agent:**CHAMBERLAIN, ROBERT W
1439 WHITEWOOD AVE
SPRING HILL, FL 34609 US

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.

SIGNATURE: ROBERT W CHAMBERLAIN

08/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PRES () Delete
Name: JONES, CATHERINE A
Address: 1439 WHITE WOOD AVE
City-St-Zip: SPRINGHILL, FL 34609 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: CHAMBERLAIN, ROBERT W
Address: 1439 WHITE WOOD AVE
City-St-Zip: SPRINGHILL, FL 34609 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. CHAMBERLAIN

PRES

08/12/2009

Electronic Signature of Signing Officer or Director

Date