

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108211

FILED
Feb 23, 2011
Secretary of State

Entity Name: JAXON LANDSCAPE & IRRIGATION, INC.

Current Principal Place of Business:

695 FRUIT COVE RD
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

695 FRUIT COVE RD
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 76-0742598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAXON, KELLY
695 FRUIT COVE RD
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD
Name: JAXON, KELLY
Address: 695 FRUIT COVE RD
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD
Name: JAXON, KATHERINE
Address: 695 FRUIT COVE RD
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: KELLY JAXON

STD

02/23/2011

Electronic Signature of Signing Officer or Director

Date