


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90118 034 ***150.00


DOCUMENT # P03000115527	
1. Entity Name JADEN'S QUALITY LAWN CARE INC	

Principal Place of Business 1856 HARTRIDGE ST JACKSONVILLE, FL 32209	Mailing Address P.O BOX 61402 JACKSONVILLE, FL 32236
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2. Principal Place of Business 1856 Hartridge St Suite, Apt. #, etc.	3. Mailing Address P.O BOX 61402 Suite, Apt. #, etc.
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City & State JAX, FL	City & State JAX, FL
Zip 32236	Country FLORIDA

50054717



06242005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent NIXON, PATRICIA 1856 HARTRIDGE ST JACKSONVILLE, FL 32209	
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4. FEI Number 16-1623243	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 Henry Brown Signature, typed or printed name of registered agent	DATE 7/1/05 DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, HENRY L		NAME NAME	
STREET ADDRESS P.O BOX 61402		STREET ADDRESS NAME	
CITY - ST - ZIP JACKSONVILLE, FL 32236		CITY - ST - ZIP NAME	
TITLE VP	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NIXON, PATRICA		NAME NAME	
STREET ADDRESS 1856 HARTRIDGE ST		STREET ADDRESS NAME	
CITY - ST - ZIP JACKSONVILLE, FL 32209		CITY - ST - ZIP NAME	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: Henry Brown SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 7/1/05 DATE

ATTACHMENT

P03000115527

Jaden's Quality Lawn Care

50024717



To whom this may concern:

Jaden's quality lawn care did not receive notice for two thousand and five (2005). We are writing you we need our 2005 uniform business report. We also need to know if we need to pay the late fee due to the circumstances. We have also enclosed \$150 dollars for our annual filing fees. Thanks for your time and understanding.

Sincerely,

Jaden's Quality Lawn Care

Henry brown