

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000124376

1. Entity Name

JASON'S GRADING, INCORPORATED



Principal Place of Business

27596 WILLOW LANE SW
LABELLE, FL 33935

Mailing Address

27596 WILLOW LANE SW
LABELLE, FL 33935

DO NOT WRITE IN THIS SPACE



03012006 No Chg-F CR2E034 (11/05)

4. FEI Number

20-0357666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATLAND, RUDOLPH K
12995 SOUTH CLEVELAND AVENUE
SUITE 107
FORT MYERS, FL 33907

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IN THIS SPACE**

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COX, JASON
27596 WILLOW LANE SW
LABELLE, FL 33935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S,T
FORSTER-COX, SUSAN
27596 WILLOW LANE SW
LABELLE, FL 33935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000519540
05/02/06-80057-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Susan Forster Cox ST SUSAN FORSTER COX 4/17/06