

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000155544

1. Entity Name

JR'S LAWN & SHRUB SERVICE INC



Principal Place of Business

5061 S STONEWOOD POINT
HOMOSASSA, FL 34446

Mailing Address

5061 S STONEWOOD POINT
HOMOSASSA, FL 34446



05052006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3561767

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WECKESSER,
10 N MELBOURNE ST
BEVERLY HILLS, FL 34465

**DO NOT WRITE
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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution.



\$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.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, JULIUS I
STREET ADDRESS	5061 S STONEWOOD POINT
CITY-ST- ZIP	HOMOSASSA, FL 34446
TITLE	ST
NAME	JOHNSON, JOANNE F
STREET ADDRESS	5061 S STONEWOOD POINT
CITY-ST- ZIP	HOMOSASSA, FL 34446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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05/20/06-80056-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/06

352-628-3352