2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000012669

1. Entity Name
JASON CARROW'S LAWN & LANDSCAPE INC

Principal Place of Business	Mailing Address
15 HEMLOCK CIRCLE PASS OCALA, FL 34472	15 HEMLOCK CIRCLE PASS OCALA, FL 34472

DO NOT WRITE IN THIS SPACE

04102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
55-0856115	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

CARROW, JASON C
15 HEMLOCK CIRCLE PASS
OCALA, FL 34472

**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 X _Jason Carrow_   4-12-06

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	UIUUUU513426 04/29/06-80125-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	CARROW, JASON C
STREET ADDRESS	15 HEMLOCK CIRCLE PASS
CITY-ST-ZIP	OCALA, FL 34472

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: X _Jason Carrow_   4-12-06   352-817-9228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #