

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000015118

1. Entity Name
JODY'S LAWN & GARDEN, INC.



Principal Place of Business
6610 MAGNOLIA LN.
FORT MYERS, FL 33912

Mailing Address
6610 MAGNOLIA LN.
FORT MYERS, FL 33912

**FILED
Mar 19, 2007 08:00 AM
Secretary of State**



03112007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0645406	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LIEBESPACH, JODY M
6610 MAGNOLIA LN.
FORT MYERS, FL 33912

**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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

000000671616
03/28/07-80035-021 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME LIEBESPACH, JODY M
STREET ADDRESS 6610 MAGNOLIA LN.
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

42. 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: J. Liebespach, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

34407 239-768-5928
Date Daytime Phone #