## 2008 FOR PROFIT CORPORATION

## FILED Mar 12, 2008 08:00 A **ANNUAL REPORT** Secretary of State **DOCUMENT # P04000015118** JODÝ'S LAWN & GARDEN, INC. Principal Place of Business Mailing Address 6610 MAGNOLIA LN. 6610 MAGNOLIA LN. FORT MYERS, FL 33912 FORT MYERS, FL 33912 CR2E034 (11/05) 03062008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0645406 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LIEBESPACH, JODY M DO NOT WRITE 6610 MAGNOLIA LN. FORT MYERS, FL 33912 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 U00000855303 Trust Fund Contribution. Added to Fees 03/27/09-80045-003 150 00 OFFICERS AND DIRECTORS 10. TITLE LIEBESPACH, JODY M NAME STREET ADDRESS 6610 MAGNOLIA LN. CITY - ST - ZIP FORT MYERS, FL 33912 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 emplemental 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 true tee 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:** 

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR