

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024770

FILED
May 08, 2006
Secretary of State

Entity Name: LAWN CARE BY JEAN ST. FORT INC.

Current Principal Place of Business:

834 NORTHWEST 39 AVENUE
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

834 NORTHWEST 39 AVENUE
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 59-3202314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ST. FORT, JEAN
834 NW 39 AVE
DELRAY BCH, FL 33445 US

Name and Address of New Registered Agent:

ST. FORT, JEAN
834 NORTHWEST 39 AVENUE
DELRAY BCH, FL 33445 US

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.

SIGNATURE:

05/08/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVT () Delete
Name: ST. FORT, JEAN
Address: 834 NW 39 AVE
City-St-Zip: DELRAY BCH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change () Addition
Name: ST. FORT, JEAN
Address: 834 NORTHWEST 39 AVENUE
City-St-Zip: DELRAY BCH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN ST. FORT

PRES

05/08/2006

Electronic Signature of Signing Officer or Director

Date