

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90041 022 ***150.00

DOCUMENT # P04000034929

1. Entity Name
J N J LAWN CARE, INC



Principal Place of Business
5710 HICKORY DRIVE
FT. PIERCE, FL 34982

Mailing Address
5710 HICKORY DRIVE
FT. PIERCE, FL 34982

2. Principal Place of Business
403 E. Easy St
Suite, Apt. #, etc.

3. Mailing Address
403 E. Easy St
Suite, Apt. #, etc.

City & State
FT Pierce FL
Zip 34982 Country

City & State
FT Pierce FL
Zip 34982 Country

02072005 Chg-P CR2E034 (10/03)

4. FEI Number 68-0579772 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

KRAUSE, JIMMY C
5710 HICKORY DR
FT. PIERCE, FL 34982

7. Name and Address of New Registered Agent
Name Jimmy C. Krause
Street Address (P.O. Box Number is Not Acceptable) 403 E. Easy Street
City FT Pierce FL Zip Code 34982

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 Jennifer Krause

2-8-05

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME KRAUSE, JIMMY C
STREET ADDRESS 5710 HICKORY DR 403 E. Easy St
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE VP
NAME KRAUSE, JENNIFER M
STREET ADDRESS 5710 HICKORY DR 403 E. Easy St
CITY-ST-ZIP FT. PIERCE, FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Jennifer Krause

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05

Date

Daytime Phone #