

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**ORIGINAL**

**Feb 26, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P04000034929**

1. Entity Name  
**J N J LAWN CARE, INC**



Principal Place of Business

**403 E EASY ST  
FT. PIERCE, FL 34982**

Mailing Address

**403 E EASY ST  
FT. PIERCE, FL 34982**

**DO NOT WRITE IN THIS SPACE**



02072007 No Chg-P CR2E034 (11/05)

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  
403 E EASY STREET  
FT. PIERCE, FL 34982**

**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**

**U00000648650  
03/07/07-80017-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRAUSE, JIMMY C
STREET ADDRESS	403 E EASY STREET
CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	VP
NAME	KRAUSE, JENNIFER M
STREET ADDRESS	403 E EASY STREET
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	

**DO NOT WRITE  
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:

*Jennifer Krause*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/07

Date

7724898635

Daytime Phone #