


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-22-2005 90308 034 ***150.00

DOCUMENT # P04000045141	
1. Entity Name JMN TREE & SPRINKLER SERVICE, INC.	

Principal Place of Business 2213 N.W. 55 TERR. LAUDERHILL FL 33313	Mailing Address 2213 N.W. 55 TERR. LAUDERHILL FL 33313
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2. Principal Place of Business 2213 N.W. 55 TERR. LAE	3. Mailing Address 2213 N.W. 55 TERR
Suite, Apt. #, etc. _____	Suite, Apt. #, etc. _____



1st MOORE CR2E034 (10/04)

City & State Lauderhill Florida	City & State Lauderhill Florida	4. FEI Number 75-3152697	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33313	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, MARIA 2213 N.W. 55 TERR. LAUDERHILL FL 33313	7. Name and Address of New Registered Agent Name -ADNE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

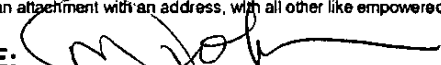
SIGNATURE  **5-31-05**

(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME JOHNSON, JOSHUA STREET ADDRESS 2213 N.W. 55 TERR. CITY-ST-ZIP LAUDERHILL FL 33313 <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	NAME JOHNSON, MARIA STREET ADDRESS 2213 N.W. 55 TERR. CITY-ST-ZIP LAUDERHILL FL 33313 <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME BORYSEWICZ, NATALEE STREET ADDRESS 2213 N.W. 55 TERR. CITY-ST-ZIP LAUDERHILL FL 33313 <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **5-31-05 9544860017**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #