

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90183 009 ***150.00

DOCUMENT # P04000045141

1. Entity Name

JMN TREE & SPRINKLER SERVICE, INC.



Principal Place of Business

2213 N.W. 55 TERRACE
LAUDERHILL FL 33313

Mailing Address

2213 N.W. 55 TERRACE
LAUDERHILL FL 33313

2. Principal Place of Business

2213 N.W. 55 TERRACE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAUDERHILL FLORIDA

City & State

LAUDERHILL FLORIDA

Zip

33313

Country

U.S.A.

Zip

33313

Country

U.S.A.

4. FEI Number

75-3152697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JOSHUA	
STREET ADDRESS	2213 N.W. 55 TERR.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, MARIA	
STREET ADDRESS	2213 N.W. 55 TERR.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BORYSEWICZ, NATALEE	
STREET ADDRESS	2213 N.W. 55 TERR.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson Joshua	
STREET ADDRESS	2213 N.W. 55 TERRACE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson Maria	
STREET ADDRESS	2213 N.W. 55 TERRACE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borysewicz Natalie	
STREET ADDRESS	2213 N.W. 55 TERRACE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.2.06

9545608506

Date

Daytime Phone #