


FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90053 029 ***155.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

40000165



DOCUMENT # P04000057272			
1. Entity Name JOEL LANDSCAPING SERVICE, INC.			
Principal Place of Business 227 SW 4TH AVE BOYNTON BEACH, FL 33435		Mailing Address 227 SW 4TH AVE BOYNTON BEACH, FL 33435	
2. Principal Place of Business 18604 92nd Lane Suite, Apt. #, etc. North City & State Loxahatchee FL Zip 33470 Country		3. Mailing Address 18604 92nd Lane Suite, Apt. #, etc. North City & State Loxahatchee FL Zip 33470 Country U.S.A	
		03282005	Chg-P CR2E034 (10/03)
		4. FEI Number 595-54-3562	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CHARLS, JOEL 227 SW 4TH AVENUE BOYNTON BEACH, FL 33435		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 _____ (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. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARLES, JOEL 227 SW 4TH STREET BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	* 18604 92nd Lane North Loxahatchee FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GISLAINE, CHARLES 227 SW 4TH AVE BOYNTON, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	* 18604 92nd Lane North Loxahatchee FL 33470 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joel Charles		Joel Charles 4-5-05 (561) (577-4941)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	