


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

3/7

03-07-2005 90279 002 ***150.00

DOCUMENT # P04000057964			
1. Entity Name A & H LAWN SERVICE AND LANDSCAPING, INC.			
Principal Place of Business 8600 HWY. 27 NORTH PALMDALE, FL		Mailing Address 8600 HWY. 27 NORTH PALMDALE, FL	
2. Principal Place of Business		3. Mailing Address PO Box 1611	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Labelle FL	
Zip	Country	Zip 33975	Country
6. Name and Address of Current Registered Agent JONES, REBECCA 8600 HWY. 27 NORTH PALMDALE, FL		7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) PO Box 1611 Labelle FL 33975 2024 Polar Ave Alva FL 33920 <i>Not mail</i> 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 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	PD JONES, MARCUS J 8600 HWY. 27 NORTH PALMDALE, FL 2024 Polar Ave Alva FL 33920	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD JONES, REBECCA 8600 HWY. 27 NORTH PALMDALE, FL 2024 Polar Ave Alva FL 33920	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: <i>Rebecca A Jones</i>		3-1-05 863-623-0959	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66009000



02242005 Chg-P CR2E034 (10/03)

4. FEI Number
201020804 Applied For
Not Applicable

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