

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000057964	
1. Entity Name A & H LAWN SERVICE AND LANDSCAPING, INC.	
Principal Place of Business 8600 HWY. 27 NORTH PALMDALE, FL	Mailing Address P.O. BOX 1611 LABELLE, FL 33975



02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1020804	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 JONES, REBECCA 2024 POLAR AVE ALVA, FL 33920	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000903554 04/30/08-80051-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, ALEX MCCLAIN 2024 POLAR AVE ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, HOLDEN LEE 2024 POLAR AVE ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, MARCUS J 2024 POLAR AVE ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, REBECCA 2024 POLAR AVE ALVA, FL 33920
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: Rebecca Jones Rebecca Jones 415-08 239-303-9733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #