

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000067498		
1. Entity Name J & D'S BLADES OF GRASS, INC.		

Principal Place of Business 1886 NEPTUNE ROAD KISSIMMEE, FL 34744 US	Mailing Address 1886 NEPTUNE ROAD KISSIMMEE, FL 34744 US
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02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1036286	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JONES, JAMIE 1886 NEPTUNE ROAD KISSIMMEE, FL 34744

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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 <i>Jamie Jones</i> Pres. & CEO Signature, typed or printed name of registered agent and title if applicable	DATE <i>4-9-06</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, JAMIE 1886 NEPTUNE ROAD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORICK, DENISE M 1886 NEPTUNE ROAD KISSIMMEE, FL 34744
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04/26/06-80024-013 150.00

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: <i>Jamie Jones</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>3-2-06</i> 321-229-2536 Daytime Phone #