## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AN
Secretary of State

DOCUMENT # P0400007  1. Entity Name JORDAN'S LAND CLEARING, INC				Secr	ctary or	
Principal Place of Business	Mailing Address	<u>'</u>	-			
11551 SE 50 DR JASPER, FL 32052	11551 SE 50 DR Jasper, FL 32052					
	· ·					
DO NOT WRITE IN THIS SPACE			07102006	No Chg-P	CR2E03	4 (11/05)
DO NOT WRITE IN THIS SPAC		CE		4. FEI Number 20-1125910		
				of Status Desired		Not Applicab   8.75 Additional   ee Required
6. Name and Address of Curre	nt Registered Agent	-				
DANIELS, KENNETH M CPA 108 CENTRAL AVE NW JASPER, FL 32052			DO NOT WRITE			
		IN THIS SPACE				
			IN I	HI2 21	ACE	
The above named entity submits this statement the obligations of registered agent.	t for the purpose of changing its registe	red office or register	red agent, or both	h, in the State of Fl	orida. I am fa	miliar with, and accep
SiGNATURE Signature, typed or printed name of registered as	gent and title if applicable (NOTE: Register	ed Agent signature required	d when reinstating)	- , ,	DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		\$5.00 May Be Added to Fees In accordance with s. 607.193( corporation did not receive the			193(2)(b), F.S., the the prior notice.	
	ND DIRECTORS		* * *	1		***
I TITLE . P . NAME JORDAN, TROY		•			• •	•

000000570809 07/18/06-80011-007 150.00

## DO NOT WRITE IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 cetth; 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

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:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

11551 SE 50 DR

JASPER, FL 32052

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

7-12-06

386-792-1906