


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P04000083656 1. Entity Name T J SOD & LANDSCAPING, INC	
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Principal Place of Business 7334 SWINDON ROAD TAMPA FL 33615-5027	Mailing Address 7334 SWINDON ROAD TAMPA FL 33615-5027
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 41-2139850	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 TEOFILO, JAIMES 7334 SWINDON ROAD TAMPA FL 33615-5027	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIMES, TEOFILO	NAME	
STREET ADDRESS	7334 SWINDON ROAD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615-5027	CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA FL 33615-5027	CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA FL 33615-5027	CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *TEOFILO JAIMES* **TEOFILO JAIMES 4-4-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #