2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 13, 2005 8:00 am Secretary of State

DOCUMENT # P04000109061 1. Entity Name JOLN LAWN CARE, INC.									04-18-20	_		
Principal Place of Business 20313 EMERALD DR PORT CHARLOTTE, FL 33952			2	Mailing Address 20313 EMERALD DR PORT CHARLOTTE, FL 33952				A FERRITARI	A ab ih arte at ih as ya i	1216) NEN 22112	Men dansa menese	ini: n ire
2. Principal Place of Business			3.	3. Malting Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04092005	Chg-P	CR2E	034 (10/03)	
City & State				City & State				4. FEI NUM	~ 1639	517	<u> </u>	optied For ot Applicable
Zip	Country			Zip Cou		ntry			e of Status Desired		\$8.75 Add Fee Require	ditional d
6. Name and Address of Current Registered Agent						Name		7. Name an	d Address of New	Registered	Agent	
POWELL, JOSEPH R							Irraes /	O Boy Numb	per la Not Acceptal			
20313 EMERALD DR PORT CHARLOTTE, FL 33952						,	.c. box raging			· -		
•												
						City				FL	Zip Cod	
 The above named entry 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 Signature, typed or printed name of registrated againt and title if applicable (NOTE: Registrated Agains signature required when rematating) DATE ONTE												
FILE NOWIL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 a. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		OFFICERS	AND DIRE		11.			ADDITIONS	/CHANGES TO OF	FICERS AN	DIRECTOR	
TITLE .	DP POWELL, JOSEPH R			☐ Odge	E					☐ Change	☐ Addition	
STREET ADDRESS	SS 20313 EMERALD OR			STRE								ļ
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952 DV Defen					-ST- <i>D</i> IP						
HAME	POWELL, DIANA L			□ veas	E					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	20313 EMERALD DR PORT CHARLOTTE, FL 33952				ET ADDRESS - ST-ZIP							
TITLE .	Deletts ITTL										☐ Change	☐ Addition
NAME STREET ADDRESS					NAM	E ET ADDRESS					_ ,	_
CITY-ST-ZP						-\$1-ZIP						
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TITLE	_			☐ Delete	īЛLI		-				Change	Addition
NAME STREET ADORESS					NAM STRE	ET ADORESS						·
CITY-ST-ZIP						-\$7- <i>I</i> IP]
12. Thereby 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 eath; 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 chapter for the proporation of the corporation of the proporation of t												
changed, or on an attachment with an address, with all other like empowered.												
SIGNAT	URE: _	I SIGNATURE AND TYPE	O OR PROTEI	P HAME OF SECOND OFFICER	KA DA GURRECT		1 .		.(11.(0)) 741	736	1040