

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000109061

1. Entity Name
JOLN LAWN CARE, INC.



Principal Place of Business
20313 EMERALD DR
PORT CHARLOTTE, FL 33952

Mailing Address
20313 EMERALD DR
PORT CHARLOTTE, FL 33952

FILED
Apr 20, 2006 08:00 AM
Secretary of State



02042006 No Chg-P CR2E034 (11/05)

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4. FEI Number
42-1639517

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, JOSEPH R
20313 EMERALD DR
PORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	POWELL, JOSEPH R
STREET ADDRESS	20313 EMERALD DR
CITY- ST- ZIP	PORT CHARLOTTE, FL 33952
TITLE	DV
NAME	POWELL, DIANA L
STREET ADDRESS	20313 EMERALD DR
CITY- ST- ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/02/06-80117-003.158.75

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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:

Diana L. Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-625-1342