

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003365

Entity Name: JW TOTAL LAWN CARE, INC.

FILED  
Apr 14, 2006  
Secretary of State

## Current Principal Place of Business:

3808 PURCELLVILLE COURT  
JACKSONVILLE, FL 32246

## New Principal Place of Business:

## Current Mailing Address:

3808 PURCELLVILLE COURT  
JACKSONVILLE, FL 32246

## New Mailing Address:

FEI Number: 20-1962738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, HENRIETTA E  
255 NORTH 18TH AVENUE  
JACKSONVILLE BEACH, FL 32240 US

## Name and Address of New Registered Agent:

WALLACE, PEARLLINDA M  
3002 OCEAN DRIVE, SOUTH  
JACKSONVILLE BEACH, FL 32250 US

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.

SIGNATURE: PEARLLINDA M. WALLACE

04/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WALLACE, JAMES G  
Address: 3808 PURCELLVILLE COURT  
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP ( ) Delete  
Name: WALLACE, PEARLLINDA M  
Address: 3002 OCEAN DRIVE S  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S/T ( ) Delete  
Name: MCCLURE, DONALD R  
Address: 3002 OCEAN DRIVE S  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DIR ( ) Delete  
Name: CLEM, RUTH A  
Address: 340 14TH AVE S  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: CLEM, RUTH A  
Address: 9726 EDWISE TRL.  
City-St-Zip: SAN ANTONIO, TX 78251

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEARLLINDA M. WALLACE

VP

04/14/2006

Electronic Signature of Signing Officer or Director

Date