

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90410 018 \*\*\*150.00

**DOCUMENT # P05000054317**



1. Entity Name  
**LAWNWORKS JB, INC.**

Principal Place of Business  
**2922 NINA CT  
MERRITT ISLAND, FL 32953**

Mailing Address  
**2922 NINA CT  
MERRITT ISLAND, FL 32953**



2. Principal Place of Business  
**2922 NINA CT**  
Suite, Apt. #, etc.  
**MERRITT ISLAND FL**  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
**P.O. BOX 560788**  
City & State  
**ORLANDO, FL**

04252006 Chg-P CR2E034 (11/05)

Zip  
**32953**  
Country  
**BREVARD**

Zip  
**32856**  
Country  
**Orange**

4. FEI Number  
**NONE**  
Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRAY, JASON  
2922 NINA CT  
MERRITT ISLAND, FL 32953**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 re-registering) 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	P	<input type="checkbox"/> Delete
NAME	BRAY, JASON	
STREET ADDRESS	2922 NINA CT	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MINAYA, MONTSE	
STREET ADDRESS	2922 NINA CT	
CITY-ST-ZIP	MERRIT ISLAND, FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 (407) 468-0256  
Date Daytime Phone #