

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90152 023 \*\*\*150.00

**DOCUMENT # P05000061056**

1. Entity Name  
**J&L LAWN WORKS, INC**



Principal Place of Business  
**9695 WATERSHED DR S  
JACKSONVILLE, FL 32220**

Mailing Address  
**9695 WATERSHED DR S  
JACKSONVILLE, FL 32220**

**50012278**

2. Principal Place of Business  
**9695 Watershed Dr. S.**  
Suite, Apt. #, etc.

3. Mailing Address  
**9695 Watershed Dr. S.**  
Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**  
Zip  
**32220**  
Country  
**USA**

City & State  
**Jacksonville, FL**  
Zip  
**32220**  
Country  
**USA**

01162006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2767506**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JONES, JASON L  
9695 WATERSHED DR S  
JACKSONVILLE, FL 32220**

**7. Name and Address of New Registered Agent**

Name  
**Jason L. Jones**  
Street Address (P.O. Box Number is Not Acceptable)  
**9695 Watershed Dr. S.**  
City  
**Jacksonville** FL Zip Code  
**32220**

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)

**4/12/06**  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
**JONES, JASON L** ☐ Delete  
**9695 WATERSHED DR S  
JACKSONVILLE, FL 32220**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
**JONES, LYNN M** ☒ Delete  
**10201 W BEAVER STREET #144  
JACKSONVILLE, FL 32220**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
**JONES, NICOLE L** ☒ Delete  
**9695 WATERSHED DR S  
JACKSONVILLE, FL 32220**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTs  
**Jones, Jason L.** ☒ Change ☐ Addition  
**9695 Watershed Dr. S.  
Jacksonville, FL 32220**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

**Jason L. Jones (P)**

**4/12/06**

Date

**904/910-1312.**

Daytime Phone #