#### 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

### **DOCUMENT # P05000063031**

1. Entity Name

JANÉLLE'S LAWN SERVICE INC.



Principal Place of Business

11558 BUCKHEAD TRAIL BRYCEVILLE, FL 32009

Mailing Address

11558 BUCKHEAD TRAIL BRYCEVILLE, FL 32009

# **FILED** May 05, 2008 8:00 am Secretary of State

05-05-2008 90254 045 \*\*\*150.00

70001---



## DO NOT WRITE IN THIS SPACE

02042008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 84-1677243 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

HORNE, MICHAEL E JR 11558 BUCKHEAD TRAIL BRYCEVILLE, FL 32009

## DO NOT WRITE IN THIS SPACE

8. The above the obligations SIGNATURE _	ions of registered agent.		d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
• • • • • • • • • • • • • • • • • • • •	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNE, MICHAEL E JR 11558 BUCKHEAD TRAIL BRYCEVILLE, FL 32009				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**************************************				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		DO NOT WRITE IN THIS SPACE		
THTLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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.

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR