


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90062 049 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # P05000073539 1. Entity Name J.P. LAND SERVICE, INC. | | | |  | |
| Principal Place of Business 4405 161ST TERRANCE NORTH LOXAHATCHEE, FL 33470 | | | Mailing Address 4405 161ST TERRANCE NORTH LOXAHATCHEE, FL 33470 | | |
| 2. Principal Place of Business 4345 161st Terrace No | | 3. Mailing Address P.O. Box 36 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Loxahatchee FL. | | City & State Loxahatchee FL. | | 4. FEI Number 54-2174667 | |
| Zip 33470 | | Country USA. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PETTEGROVE, JUDIE 4405 161ST TERRANCE NORTH LOXAHATCHEE, FL 33470 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PETTEGROVE, JUDIE 4405 161ST TERRANCE NORTH LOXAHATCHEE, FL 33470 | | <div style="text-align: right;"> <input type="checkbox"/> Delete </div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Delete </div> | | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"> <input type="checkbox"/> Delete </div> | | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | | |
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| 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: <u>Judie Pettegrovne</u> 2/3/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |