


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90184 038 ***150.00

DOCUMENT # P05000073539					
1. Entity Name J.P. LAND SERVICE, INC.					
Principal Place of Business 43455 161ST TERRANCE NORTH LOXAHATCHEE, FL. 33470			Mailing Address P.O. BOX 36 LOXAHATCHEE, FL. 33470		
2. Principal Place of Business - No P.O. Box # 4345 161st Terrace No		3. Mailing Address P.O. Box 36			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Loxahatchee FL		City & State 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: <u>Judie Pettegrove</u> Street Address (P.O. Box Number is Not Acceptable): <u>4345 161st Terrace No.</u> City: <u>Loxahatchee</u> FL Zip Code <u>33470</u>			
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 retesting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	4345 161st Terrace No Loxahatchee FL 33470	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Pettegrove</u>			Date: <u>4/10/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		