
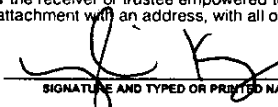


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90002 036 ***150.00

DOCUMENT # P05000090177 1. Entity Name DOUBLE R & J LAWN & TREE SERVICE, INC.			
Principal Place of Business RT 6 BOC 660-C OKEECHOBEE, FL 34974		Mailing Address RT 6 BOC 660-C OKEECHOBEE, FL 34974	
2. Principal Place of Business RT 6 BOX 625 Suite, Apt. #, etc.		3. Mailing Address RT 6 BOX 625 Suite, Apt. #, etc.	
City & State OKEECHOBEE Zip 34974		City & State OKEECHOBEE Zip 34974	
Country OKEECHOBEE		Country OKEECHOBEE	
4. FEI Number 20 - 3082530		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, JODY RT 6 BOC 660-C OKEECHOBEE, FL 34974		7. Name and Address of New Registered Agent Name KING, JODI Street Address (P.O. Box Number is Not Acceptable) RT 6 BOX 625 City OKEECHOBEE FL Zip Code 34974	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JODY RT 6 BOC 660-C OKEECHOBEE, FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JODI RT 6 BOX 625 OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, RAYBURN SR RT 6 BOC 660-C OKEECHOBEE, FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME RT 6 BOX 625 OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	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: 		Date 7/28/06 Daytime Phone # 863-634-2763	