

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P05000108236

1. Entity Name
JASON'S LANDSCAPING, INC.



Principal Place of Business
**7010 HOPE HILL RD
BROOKSVILLE, FL 34601**

Mailing Address
**7010 HOPE HILL RD
BROOKSVILLE, FL 34601**



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3248587

Applied For
☐ Not Applicable

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

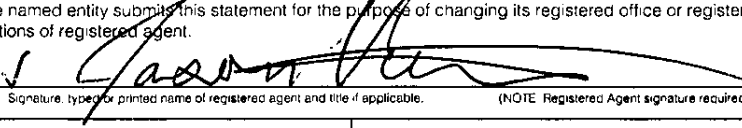
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6. Name and Address of Current Registered Agent

**VANSTRATT, JASON R
7010 HOPE HILL RD
BROOKSVILLE, FL 34601**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

2-20-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000711065
04/25/07-80069-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **VANSTRATT, JASON R**
STREET ADDRESS **7010 HOPE HILL RD**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **VP**
NAME **FREYRE, MARIA**
STREET ADDRESS **7010 HOPE HILL RD**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

2-20-07