

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000120990			
1. Entity Name JERRY'S CUSTOM LANDSCAPING INC.			
Principal Place of Business 6636 SW 33 ST MIRAMAR FL 33023		Mailing Address 6636 SW 33 ST MIRAMAR FL 33023	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/07)

4. FE# Number 03-0569442		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOSEPH, JERRY 6636 SW 33 ST MIRAMAR FL 33023		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

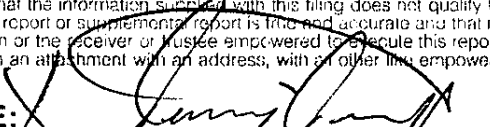
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when submitting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOSEPH, JERRY	NAME	
STREET ADDRESS	6636 SW 33 ST	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	000000820454 ☐ Change ☐ Addition
NAME	JOSEPH, LORUIS	NAME	02/18/08-80028-025 150.00
STREET ADDRESS	6636 SW 33 ST	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	CITY-ST-ZIP	
TITLE	BOD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOSEPH, WALKER	NAME	
STREET ADDRESS	6636 SW 33 ST	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an officer or trustee empowered.

SIGNATURE:  **2/5/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr