

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90087 029 \*\*\*150.00

**DOCUMENT # P05000143752**

1. Entity Name  
**J & L LAWNS, INC.**



Principal Place of Business  
~~25375 VANTAGE LN.~~  
**PUNTA GORDA, FL 33982**

Mailing Address  
**25375 VANTAGE LN.**  
**PUNTA GORDA, FL 33982**



01072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
**24343 Riverfront Drive**

3. Mailing Address  
**24343 Riverfront DR.**

City & State  
**Pt. Charlotte, FL**  
Zip **33980** Country **USA**

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**Pt. Charlotte, FL**  
Zip **33980** Country **USA**

4. FEI Number  
**51-0567894**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KITCHENER, JEFFREY**  
~~25375 VANTAGE LN.~~  
**PUNTA GORDA, FL 33982**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**24343 Riverfront Drive**

City **Pt. Charlotte** **FL** Zip Code **33980**

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

*Jeffrey Kitchen*  
Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**1/8/08**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PTD	<input type="checkbox"/> Delete
NAME	KITCHENER, JEFFREY	
STREET ADDRESS	25375 VANTAGE LN.	
CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KITCHENER, LISA	
STREET ADDRESS	25375 VANTAGE LN.	
CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kitchener Jeffrey	
STREET ADDRESS	24343 Riverfront DR.	
CITY-ST-ZIP	Pt. Charlotte, FL 33980	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kitchener, Lisa	
STREET ADDRESS	24343 Riverfront DR.	
CITY-ST-ZIP	Pt. Charlotte, FL 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Jeffrey Kitchen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/08**  
Date

**941 815 439**  
Daytime Phone #