
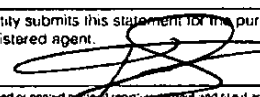
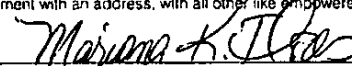


FILED
Apr 24, 2006 8:00 am
Secretary of State

~ JUV 10000

DOCUMENT # P05000151942				Secretary of State 04-24-2006 90440 040 ***150.00	
1. Entity Name J.T. FLORES LANDSCAPING & LAWN MAINTENANCE INC					
Principal Place of Business 17193 TRELLIS ROAD FORT MYERS, FL 33912		Mailing Address 17193 TRELLIS ROAD FORT MYERS, FL 33912			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3832786	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FLORES, MARIANA K 17193 TRELLIS ROAD FORT MYERS, FL 33912			7. Name and Address of New Registered Agent 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 the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  PRESIDENT DATE 4/7/06 <small>Signature, typed or printed name and title required when filing. (NOTE: Registered Agent signature required when re-issuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00		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	P FLORES, TOMAS 17193 TRELLIS ROAD FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP FLORES, MARIANA K 17193 TRELLIS ROAD FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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:  VP		4.7.06 239.910-4436 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone</small>			