2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000156397

J & W LAWN CARE & HANDYMAN SERVICES, INC.



FILED Apr 19, 2007 08:00 Al Secretary of State

Principal Place of Business

24614 TANGELO AVENUE PORT CHARLOTTE, FL 33980 Mailing Address

24614 TANGELO AVENUE PORT CHARLOTTE, FL 33980



04142007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-3680122 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

POWELL, JEAN 24614 TANGELO AVENUE PORT CHARLOTTE, FL 33980 DO NOT WRITE IN THIS SPACE

				2,500.4	
8. The above the obligat	e named entity submits this statement for the parties of registered agent.	ourpose of changing its register	ed office or re	gistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
* .	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registere	d Agent signature	required when reinstating)	DATE
	E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS		7.	Mary Transfer Control	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWELL, JEAN 24614 TANGELO AVE PORT CHARLOTTE, FL 33980 VP				
TITLE			` ` , <i>,</i>		

NAME POWELL, WAYNE STREET ADDRESS 24614 TANGELO AVE CITY+ST-7IP PORT CHARLOTTE, FL 33980 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE 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:

NAME STREET ADDRESS CITY-ST-7IP

Daytime Phone #