

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90074 035 ***150.00

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1. Entity Name

D&J PAINTING & LAWN CARE, INC.



Principal Place of Business

7024 SPRING HILL DR.
SPRINGHILL, FL 34606
US

Mailing Address

7024 SPRING HILL DR.
SPRINGHILL FL 34606
US



2. Principal Place of Business - No P.O. Box #

7024 Spring Hill DR. FL.

Suite, Apt. #, etc.

3. Mailing Address

7024 Spring Hill DR.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Spring Hill FL.

City & State

Spring Hill FL.

4. FEI Number

20-4504888

Applied For

Not Applicable

Zip

34606

Country

U.S.

Zip

34606

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOMMERMAN, JOHN P
7024 SPRING HILL DR.
SPRINGHILL FL 34606

7. Name and Address of New Registered Agent

Name

John P. Sommerman

Street Address (P.O. Box Number is Not Acceptable)

7024 Spring Hill DR.

City

Spring Hill

FL

Zip Code

34606

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

John P. Sommerman

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SOMMERMAN, JOHN P	
STREET ADDRESS	7024 SPRING HILL DR.	
CITY- ST- ZIP	SPRING HILL FL 34606	
TITLE	VP.	<input checked="" type="checkbox"/> Delete
NAME	SOMMERMAN, DONNA M	
STREET ADDRESS	7024 SPRINGHILL	
CITY- ST- ZIP	SPRINGHILL FL 34606	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASON ANTHONY SOMMERMAN	
STREET ADDRESS	7024 SPRING HILL DRIVE	
CITY- ST- ZIP	SPRING HILL FL 34606	
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 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 all other like empowered.

SIGNATURE:

John P. Sommerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 247-6539