



**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # P07000113482</b>  |  |  |   | <b>Secretary of State</b>  |  |
| 1. Entity Name<br><b>J. C.'S LAWN CARE &amp; MAINTENANCE, INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>3014 HICKORY STREET<br/>WINTER HAVEN, FL 33881 US</b>   |  | Mailing Address<br><b>3014 HICKORY STREET<br/>WINTER HAVEN, FL 33881 US</b>       |   |  |  |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address  |   |                          |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   | 02112008 Chg-P CR2E034 (12/06)   |  |
| City & State  |  | City & State  |   | 4. FEI Number<br><b>26-1241247</b>   |  |
| Zip   |  | Country   |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>CLARK, JAMES C<br/>3014 HICKORY STREET<br/>WINTER HAVEN, FL 33881</b>   |  |   |   | 7. Name and Address of New Registered Agent  |  |
|   |  |   |   | Name   |  |
|   |  |   |   | Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |  |   |   | City   |  |
|   |  |   |   | <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>  |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |  |  |
| P<br>CLARK, JAMES C<br>3014 HICKORY STREET<br>WINTER HAVEN, FL 33881  |  |   | 03/12/08-80021-021 158.75   |  |  |
| <input type="checkbox"/> Delete   |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |  |  |
| <input type="checkbox"/> Delete   |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |  |  |
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| <input type="checkbox"/> Delete   |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |  |  |
| <input type="checkbox"/> Delete   |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| 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 the 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 amendment with an address, with all other like empowered. |  |   |   |  |  |
| SIGNATURE: _____  |  |   |   | 2-26-08  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |   | Date Daytime Phone #   |  |