

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000119958

**Entity Name:** TJK TOTAL LAWN CARE, INC.

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

17225 92ND LANE NORTH  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

17225 92ND LANE NORTH  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

**FEI Number:** 90-0474606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLEMANN, TRAVIS  
17225 92ND LANE NORTH  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VTD  
Name: KLEMANN, RACHAEL  
Address: 17225 92ND LANE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: PSD  
Name: KLEMANN, TRAVIS  
Address: 17225 92ND LANE NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TRAVIS KLEMANN

PSD

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date