2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 04, 2008 8:00 am Secretary of State DOCUMENT # P07000123404 1. Entity Name 04-04-2008 90026 012 ***158.75 JORDAN QUALITY LAWN SERVICE, INC. Principal Place of Business Mailing Address 306 EAGLE DR. 306 EAGLE DR. PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For Q (4 -Not Applicable Z_{1} Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HESS, BRIAN D Street Address (P.O. Box Number is Not Acceptable) 9108 FRONT BEACH RD. PANAMA CITY BEACH FL 32407 City 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or planted name of registered agent and tips I amplicable (NOTE Fegistered Agent eigneture required when reinstalling) FILE NOW!!! FEE IS \$150.00 ---9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Derete TITLE ☐ Addition JORDAN, DAVID NAME NAME STREET ADDRESS 306 EAGLE DR STREET ADDRESS CITY-SI-ZiP PANAMA CITY BEACH FL 32407 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME JORDAN, ANDREW NAME STREET ADDRESS 306 EAGLE DR. STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32407 CITY-ST-ZIP TITLE SEC. Delete THE Change Change Addition JORDAN, TERRI NAME STREET ADDRESS 306 EAGLE DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32407 CITY-ST-ZIP TITLE De ele TITLE ☐ Change Addition MAME HAME STREET ADDRESS STREET ADDRESS OITY-ST-212 CITY-ST-ZIP TOTALE De ete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT: F Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE

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.

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SIGNATURE:

FILED