2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000009146

1. Entity Name
JIM'S LAWN SPRAY SERVICE, INC.

Principal Place of Business	Mailing Address
1039 OLD BIG TREE ROAD	1039 OLD BIG TREE ROAD
DAYTONA BEACH, FL 32119	DAYTONA BEACH, FL 32119

DO NOT WRITE IN THIS SPACE

08202005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3413810	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, JAMES B JR
1039 OLD BIG TREE ROAD
DAYTONA BEACH, FL 32119

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PVST
NAME	MURRAY, JAMES B JR
STREET ADDRESS	1039 OLD BIG TREE ROAD
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/09/05-80003-019 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   James B. Murray, Jr. 8/29/05 (386) 788-2620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #