2007 FOR PROFIT CORPORATION

Apr 23, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P94000007031 04-23-2007 90062 036 ***150.00 1. Entity Name JACKSON LAWN EQUIPMENT, INC. Principal Place of Business Mailing Address 971 DOUGLAS AVE. 9300 REGENCY PARK BLVD DUNEDIN, FL 34698 PORT RICHEY, FL 34668 2. Principal Place of Business - No P.O. Box # Mailing Addres Suite, Apt. #, etc. 04052007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For 59-3220397 Not Applicable Zio 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 Name JACKSON, RICHARD K Street Address (P.O. Box Number is Not Acceptable) 971 DOUGLAS AVE. DUNEDIN, FL 34698 City Zip Code FL 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE JACKSON, RICHARD K NAME NAME STREET ADDRESS 2480 MARQUIS DR STREET ADDRESS CITY-ST-7IP DUNEDIN, FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition ME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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 propowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP