2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2004 08:00 AM Secretary of State

| DOCUMENT # P96000063044 1. Entity Name J T'S LAWN SERVICES, INC. | | | | Secretary of State | | | |
|--|---|--|-----------------------------------|-------------------------------------|--|--|--|
| Principal Place | | Mailing Address | | } | | | |
| 811 W. WISCONSIN AVE. DELAND, FL 32720 811 W. WISCONSIN AVE. DELAND, FL 32720 | | | | | | | |
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| | | | | \ \###\{###\ \\ | | | († 859)) 8 18388) šį 188) |
| n | O NOT WRITE | CE. | 02052004 No Chg-P CR2E034 (10/03) | | | | |
| DO NOT WRITE IN THIS SPAC | | | | 4. FEI Numbe 59-340 | | | Applied For Not Applicable |
| | | | | 5. Certificate | of Status Desired | | 75 Additional Required |
| | 5. Name and Address of Current R | egistered Agent | telefala kon milentionia | prighted the many on the | i. Halistationer annen inner enderfrieden - ag | Control Control Control | , its in the street that a second |
| CLARK, CHERYL 1311 VOLCO RD EDGEWATER, FL 32141 | | | DO NOT WRITE IN THIS SPACE | | | | |
| 8. The above | named entity submits this statement for ions of registered agent. | the purpose of changing its registe | red office or register | ed agent, or bo | th, in the State of Fk | orida. I am famili | ar with, and accept |
| SIGNATURE_ | | and the state of t | ed Agent signature required | - retreation | <u>.</u> | DATE | |
| Signature, typed or printed name of registered agent and title it applicable. (NOTE. Registered of the printed for the printed name of registered agent and title it applicable. (NOTE. Registered of the printed for the prin | | | | | | | |
| | | | cing \$5.00 May Be | | 00000 02/11/04 | 10046284 1-80096-0 | 14 ISO.00 |
| 10. | OFFICERS AND D | IRECTORS | | | | | See at |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CLARK, CHERYL 1311 VOLCO RD EDGEWATER, FL 32141 | | | | | | |
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| NAME STREET ADDRESS CITY - ST - ZIP | | <u> </u> | <u>-</u> w one | | | | |
| TITLE NAME | | |] | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT W | RITE | |
| TITLE NAME | | | | IN THIS SPACE | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | | |
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| TITLE | | <u> </u> | a configuration of the same | and held care in these districts to | | | |
| NAME. | | | | | | | |

12. Thereby 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:

CHERYL CLARK

5-8-3004

2867408180 Daytime Phone #