2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000006555

1. Entity Name
J.P.'S YARD WORKS, INC.

Principal Place of Business	Mailing Address
221 GROSBEAK LANE NAPLES, FL 34114	PO BOX 2314 MARCO ISLAND, FL 34146 US

DO NOT WRITE IN THIS SPACE

04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3425450

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARNOLD, JOHN P III
221 GROSBEAK LN
NAPLES, FL 34114

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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] president 4/6/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

000000106472
04/08/04-80017-001 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARNOLD, JOHN P III
STREET ADDRESS	221 GROSBEAK LN
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	SD
NAME	ARNOLD, MELISSA
STREET ADDRESS	221 GROSBEAK LN
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	VP
NAME	MOORE, GERALD C
STREET ADDRESS	221 GROSEBEAK LN.
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] SECRETARY 4/6/04 (239) 775-9204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #