


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90073 027 \*\*\*150.00

<b>DOCUMENT # P97000048707</b> 1. Entity Name <b>LAWNS BY JOE, INC.</b>	
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Principal Place of Business <b>533 HIGH PINES CT PALM HARBOR, FL 34683</b>	Mailing Address <b>533 HIGH PINES CT PALM HARBOR, FL 34683</b>
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**66017238**



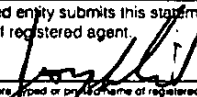
04062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3450904</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SIMONE, JOSEPH 533 HIGH PINES CT PALM HARBOR, FL 34683</b>
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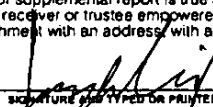
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SIMONE, JOSEPH 533 HIGH PINES CT PALM HARBOR, FL 34683</b>
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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 empowered.  SIGNATURE:  DATE _____ Daytime Phone # _____
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