

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000068670

1. Entity Name

JASON'S QUALITY LAWN CARE, INC.



Principal Place of Business

4404 GLENEAGLES DR.
BOYNTON BEACH FL 33436

Mailing Address

4404 GLENEAGLES DR.
BOYNTON BEACH FL 33436



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0480723**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VENTRY, LYNNE S.K.
185 NW SPANISH RIVER BLVD
STE 290
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 full name of applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
BROWN, JASON R
3516 DORRIT AVE
BOYNTON BEACH FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
000000599879
01/25/07-80045-023 150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
BROWN, LAURIE A
4404 GLENEAGLES DR.
BOYNTON BEACH FL 33436 ☐ Delete

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jason R. Brown* Jason R. Brown VP

1-21-07 561-735-0915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #