
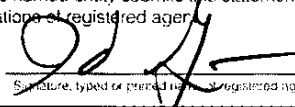
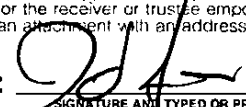


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90061 019 ***150.00

DOCUMENT # P98000036152 1. Entity Name JD LAWNS, INC.																													
Principal Place of Business 1209 SAWGRASS COURT OLDSMAR FL 34677			Mailing Address 1209 SAWGRASS COURT OLDSMAR FL 34677																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	4. FEI Number 59-3502999																										
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent GAUTHIER, JEFF 1209 SAWGRASS COURT OLDSMAR FL 34677			7. Name and Address of New Registered Agent Name JD GAUTHIER 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  JD GAUTHIER PMS. DATE 2-13-08 <small>(NOTE: Registered Agent signature required when reconstituting)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GAUTHIER, J.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1209 SAWGRASS COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OLDSMAR FL 34677</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	GAUTHIER, J.D.		STREET ADDRESS	1209 SAWGRASS COURT		CITY-ST-ZIP	OLDSMAR FL 34677		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">JD GAUTHIER</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	JD GAUTHIER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	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 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:  JD GAUTHIER DATE 2-13-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													