

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90291 024 ***150.00

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1. Entity Name
J & S PARKING LOT MAINTENANCE, INC.



Principal Place of Business

2040 CREEKWOOD RUN
LAKELAND, FL 33809

Mailing Address

2040 CREEKWOOD RUN
LAKELAND, FL 33809



03142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3582671

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMPSON, JAPHETH
2040 CREEKWOOD RUN
LAKELAND, FL 33809

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SAMPSON, JAPHETH
STREET ADDRESS 2040 CREEKWOOD RUN
CITY - ST - ZIP LAKELAND, FL 33809

TITLE VD
NAME SAMPSON, SHIRLEY
STREET ADDRESS 2040 CREEKWOOD RUN
CITY - ST - ZIP LAKELAND, FL 33809

TITLE SD Modglin
NAME SAMPSON, ELESHA
STREET ADDRESS 2040 CREEKWOOD RUN
CITY - ST - ZIP LAKELAND, FL 33809

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Shirley Sampson
SIGNATURE AND TYPED OR PRINTED NAME OF JOINING OFFICER OR DIRECTOR

4/13/05
Date

863-858-5028
Daytime Phone #