

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000077165

1. Entity Name
JERRY'S LAWN SERVICE, INC.



Principal Place of Business
6505 SEDGEWYCK CR. EAST
DAVIE, FL 33331

Mailing Address
6505 SEDGEWYCK CR. EAST
DAVIE, FL 33331



04212004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0950037

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORDAZ, GIRALDO
6505 SEDGEWYCK CR. EAST
DAVIE, FL 33331

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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 *Gerald Orls*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/04

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME ORDAZ, GIRALDO
STREET ADDRESS 6505 SEDGEWYCK CR. EAST
CITY-ST-ZIP DAVIE, FL 33331

TITLE D
NAME ORDAZ, MARIA M
STREET ADDRESS 6505 SEDGEWYCK CR. EAST
CITY-ST-ZIP DAVIE, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/26/04-80093-021 150.00

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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)(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: *Gerald Orls*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954 680 2731) 4/22/04

Date

Daytime Phone #