


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000077165 1. Entity Name JERRY'S LAWN SERVICE, INC. |  |
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|---|---|
| Principal Place of Business 6505 SEDGEWYCK CR. EAST DAVIE, FL 33331 | Mailing Address 6505 SEDGEWYCK CR. EAST DAVIE, FL 33331 |
|---|---|

DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 65-0950037 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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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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 *Girardo Oraz* DATE 7/2/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

**U00000371240
07/07/05-80007-014 550.00**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ORDAZ, GIRALDO 6505 SEDGEWYCK CR. EAST DAVIE, FL 33331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ORDAZ, MARIA M 6505 SEDGEWYCK CR. EAST DAVIE, FL 33331 |
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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)(i), 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: *Maria Oraz* DATE 7/2/05 **954-680-2734**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #