2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# S40479

Entity Name: JERICHO LAWNS, INC.

Current Principal Place of Business:

302 METCALF AVENUE
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 617125
5427 TIMBERLEAF BLVD.
ORLANDO, FL 32861 US

New Mailing Address:

FEI Number: 59-3055997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, H. DUKE, JR.
5427 TIMBERLEAF BLVD.
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: EVANS, H. DUKE, JR.,
Address: 5427 TIMBERLEAF BLVD.
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: EVANS, DAISY M.,
Address: 5427 TIMBERLEAF BLVD.
City-St-Zip: ORLANDO, FL

Title: MD ( ) Delete
Name: AMOS, HARRY
Address: 4728 MIRAMAR RD
City-St-Zip: ORLANDO, FL

Title: MD ( ) Delete
Name: HAMILTON, GLENDY
Address: 5242 LETHA ST
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: JONES, RUTH
Address: 2504 CATALINA DR
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: AMOS, HAZEL
Address: 7606 AREZZO ST
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. DUKE EVANS CP 04/29/2005

Electronic Signature of Signing Officer or Director Date