2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S40479

Entity Name: JERICHO LAWNS, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
5427 TIMBERLEAF BLVD. ORLANDO, FL 32811 US						
Current Mailing Address:			New Mailir	New Mailing Address:		
PO BOX 617125 5427 TIMBERLEAF BLVD. ORLANDO, FL 32861 US				5427 TIMBERLEAF BLVD. ORLANDO, FL 32811 US		
FEI Number:	59-3055997	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of	Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
EVANS, H. DUKE, JR. 5427 TIMBERLEAF BLVD. ORLANDO, FL 32811 US						
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	t	Date	•	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CP () E EVANS, H. DUKE 5427 TIMBERLE/ ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Ad	ddition	
Title: Name: Address: City-St-Zip:	D () E EVANS, DAISY M 5427 TIMBERLE/ ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Ad	ddition	
Title: Name: Address: City-St-Zip:	MD () E AMOS, HARRY 4728 MIRAMAR F ORLANDO, FL	Delete	Title: Name: Address: City-St-Zip:	() Change () Ad	ddition	
Title: Name: Address: City-St-Zip:	MD () E HAMILTON, GLEN 5242 LETHA ST ORLANDO, FL	Delete NDY	Title: Name: Address: City-St-Zip:	()Change ()Ad	ddition	
Title: Name: Address: City-St-Zip:	D () E JONES, RUTH 2504 CATALINA I ORLANDO, FL	Delete DR	Title: Name: Address: City-St-Zip:	()Change()Ad	ddition	
Title: Name: Address: City-St-Zip:	D () E AMOS, HAZEL 7606 AREZZO ST ORLANDO, FL	Delete	Title: Name: Address: City-St-Zip:	() Change () Ad	ddition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 PRES 04/29/2009