

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000110913

**Entity Name:** PAUL'S JACKSONVILLE LAWN CARE, INC.

**Current Principal Place of Business:**

5904 LONG COVE DRIVE  
JACKSONVILLE, FL 32222

**Current Mailing Address:**

5904 LONG COVE DRIVE  
JACKSONVILLE, FL 32222 US

**FEI Number:** 61-1477312

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, PAUL  
5904 LONG COVE DRIVE  
JACKSONVILLE, FL 32222 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

Date

**Officer/Director Detail :**

Title D  
Name BROWN, PAUL  
Address 5904 LONGCOVE DRIVE  
City-State-Zip: JACKSONVILLE FL 32222

Title D  
Name BROWN, JESSICA  
Address 3813 BARMER DR  
City-State-Zip: JACKSONVILLE FL 32210

Title D  
Name BROWN, CALIN  
Address 3813 BARMER DR  
City-State-Zip: JACKSONVILLE FL 32210

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAUL E BROWN

**OWNER**

**04/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date