

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S05730

**Entity Name:** J.C. LAWN MAINTENANCE, INC.

**Current Principal Place of Business:**

346 OKALOOSA RD  
FT WALTON BEACH, FL 32548

**Current Mailing Address:**

P.O. BOX 34  
VALPARAISO, FL 32580

**FEI Number:** 59-3044389

**Certificate of Status Desired:** No

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

MCINNIS, C JEFFREY  
909 MAR WALT DR  
SUITE 1014  
FT WALTON BCH, FL 32548 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                | Title           | D                |
| Name            | COWART, JAMES    | Name            | COWART, PATRICIA |
| Address         | 346 OKALOOSA RD  | Address         | 346 OKALOOSA RD  |
| City-State-Zip: | FT WALTON BCH FL | City-State-Zip: | FT WALTON BCH FL |

*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:** PARTICIA COWART

**SEC/TREASURER**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date