

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F32344

Entity Name: JONES NURSERY, INC.

FILED  
Feb 12, 2012  
Secretary of State

**Current Principal Place of Business:**

170 W DEARBORN STREET  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

940 MORNINGSIDE DR  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

170 W DEARBORN STREET  
ENGLEWOOD, FL 34223

**New Mailing Address:**

940 MORNINGSIDE DR  
ENGLEWOOD, FL 34223

FEI Number: 59-2125835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUNKIN, DAVID A  
170 W DEARBORN STREET  
ENGLEWOOD, FL 34223 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

**OFFICERS AND DIRECTORS:**

Title: DST  
Name: JONES, SALLY J  
Address: 940 MORNINGSIDE DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: DP  
Name: JONES, DAVID  
Address: 940 MORNINGSIDE DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

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: SALLY J JONES

DST

02/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date