


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # S16420
1. Entity Name
EMERALD LANDSCAPING & IRRIGATION, INC.



Principal Place of Business
**6285 OLD MIDDLEBURG RD.
JACKSONVILLE, FL 32222**

Mailing Address
**6285 OLD MIDDLEBURG RD.
JACKSONVILLE, FL 32222**

DO NOT WRITE IN THIS SPACE



01232005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3042107

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WILLIAMS, GRADY H JR
1543-5 KINGSLEY AVE
ORANGE PARK, FL 32073**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOLLY, ALLEN EUGENE
STREET ADDRESS	6285 OLD MIDDLEBURG RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32222
TITLE	D
NAME	JOLLY, JAMIE
STREET ADDRESS	6285 OLD MIDDLEBURG TD
CITY-ST-ZIP	JACKSONVILLE, FL 32222
TITLE	D
NAME	JOLLY, VIRGINIA ANN
STREET ADDRESS	6285 OLD MIDDLEBURG RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000353329
05/03/05-80061-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Allen E. Jolly **ALLEN E. JOLLY, DIR.** 4/27/05 904-771-4246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #