FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90165 021 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 265611

1. Entity Name
REGISTER NURSERY & LANDSCAPING, INC.

94068780

Principal Place of Business	Mailing Address
10615 BEACH BLVD.	10615 BEACH BLVD.
STE. 101	STE. 101
JACKSONVILLE, FL 32216 US	JACKSONVILLE, FL 32216 US

04242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0997818
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTER, ROBERT J.
10615 BEACH BLVD.
JACKSONVILLE, FL 32216

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REGISTER, MR. ROBERT J.
STREET ADDRESS	6705 POTTSBURG COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	V
NAME	REGISTER, MRS. PAMELA L.
STREET ADDRESS	6705 POTTSBURG COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	ST
NAME	ATKINSON, MRS. CYNTHIA
STREET ADDRESS	8784 REEDY BRANCH DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Cynthia A. Atkinson Cynthia A. Atkinson 4-24-04 (904) 641-1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #