


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 634415. 1. Entity Name SUN STATE NURSERY & LANDSCAPING, INC.	
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Principal Place of Business 9362 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256-1312	Mailing Address 9362 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256-1312
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1962918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KASSAB, PAUL J 4147 CORDGRASS INLET DR JACKSONVILLE, FL 32250
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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 renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KASSAB, PAUL J 4147 CORDGRASS INLET DR JAX BCH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KASSAB, PATRICIA A 4147 CORDGRASS INLET DR JAX BCH, FL 32250
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01/13/05-80042-025 150.00

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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: <i>Patricia A. Kassab</i> PATRICIA A. KASSAB	1/12/05	904-260-0822
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>