

ANNUAL REPORT

DOCUMENT # 634415

1. Entity Name

SUN STATE NURSERY & LANDSCAPING, INC.

Jan 05,
Seci

Principal Place of Business

9362 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256-1312

Mailing Address

9362 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256-1312

01042006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1962918

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KASSAB, PAUL J
4147 CORDGRASS INLET DR
JACKSONVILLE, FL 32250DO 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.009. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KASSAB, PAUL J
STREET ADDRESS	4147 CORDGRASS INLET DR
CITY-ST-ZIP	JAX BCH, FL 32250

TITLE	ST
NAME	KASSAB, PATRICIA A
STREET ADDRESS	4147 CORDGRASS INLET DR
CITY-ST-ZIP	JAX BCH, FL 32250

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000378385
01/09/06-80003-013 150.00DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Patricia A. Kassab / Patricia A. Kassab

1/4/06

(904) 260-0822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #