

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G08976

Entity Name: JB NURSERIES, INC.

FILED
Jan 23, 2004
Secretary of State

Current Principal Place of Business:

4456 CHANDLER RD (32712)
P.O. BOX 1041
APOPKA, FL 32704

New Principal Place of Business:

Current Mailing Address:

4456 CHANDLER RD (32712)
P.O. BOX 1041
APOPKA, FL 32704

New Mailing Address:

FEI Number: 59-2233077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEARSCH, JACK M.
444 LAKEWOOD DRIVE
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VST () Delete
Name: BEARSCH, RANDALL A,
Address: 443 JORDAN STUART CR. #111
City-St-Zip: APOPKA, FL 32703

Title: DPT () Delete
Name: BEARSCH, JACK M,
Address: 444 LAKEWOOD DRIVE
City-St-Zip: WINTER PARK, FL

Title: V () Delete
Name: WEBB, WILLIAM E.,
Address: 23428 OAK PRAIRIE CR.
City-St-Zip: SORRENTO, FL 32776

Title: AT () Delete
Name: MORRIS, DAVID W
Address: 117 LYNDHURST DR.
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID W. MORRIS, CONTROLLER

AT

01/23/2004

Electronic Signature of Signing Officer or Director

Date