

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K05329

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: C. J.'S NURSERY OF PINELLAS COUNTY, INC.

## Current Principal Place of Business:

C/O CHRIS J. SWEZEY  
10234 SHADY DR.  
HUDSON, FL 34669

## New Principal Place of Business:

## Current Mailing Address:

C/O CHRIS J. SWEZEY  
10234 SHADY DR.  
HUDSON, FL 34669

## New Mailing Address:

FEI Number: 59-2862270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWEZEY, CHRIS J.  
10234 SHADY DR.  
HUDSON, FL 34669 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: PD ( ) Delete  
Name: SWEZEY, CHRIS J.,  
Address: 10234 SHADY DR.  
City-St-Zip: HUDSON, FL 34669

Title: SD ( ) Delete  
Name: SWEZEY, TINA M.,  
Address: 10234 SHADY DR.  
City-St-Zip: HUDSON, FL 34669

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: CHRISTOPHER J SWEZEY

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

Date