

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M45490

Entity Name: M & J NURSERY COMPANY, INC.

FILED  
Jan 20, 2009  
Secretary of State

## Current Principal Place of Business:

5700 SIMS RD.  
DELRAY BEACH, FL 33484

## New Principal Place of Business:

9375 87TH PLACE SOUTH  
BOYNTON BEACH, FL 33472

## Current Mailing Address:

955 OLD STATE ROAD 8  
VENUS, FL 33960

## New Mailing Address:

956 OLD STATE ROAD 8  
VENUS, FL 339602127

FEI Number: 59-2807185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOORNNEEF, JACOB  
955 OLD STATE ROAD 8  
VENUS, FL 33960 US

## Name and Address of New Registered Agent:

KOORNNEEF, JACOB  
956 OLD STATE ROAD 8  
VENUS, FL 339602127 US

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:

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: KOORNNEEF, JACOB,  
Address: 7752 BRIDLINGTON DRIVE  
City-St-Zip: BOYNTON BEACH, FL

Title: VSD ( ) Delete  
Name: KOORNNEEF, MARY,  
Address: 7752 BRIDLINGTON DRIVE  
City-St-Zip: BOYNTON BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: KOORNNEEF, JACOB,  
Address: 7752 BRIDLINGTON DRIVE  
City-St-Zip: BOYNTON BEACH, FL 334725054

Title: VSD (X) Change ( ) Addition  
Name: KOORNNEEF, MARY,  
Address: 7752 BRIDLINGTON DRIVE  
City-St-Zip: BOYNTON BEACH, FL 334725054

I hereby certify that the information supplied with this filing does not qualify 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: JACOB KOORNNEEF

PTD

01/20/2009

Electronic Signature of Signing Officer or Director

Date