2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000002065

1. Entity Name
J B NURSERY AND LANDSCAPE, INC.

Principal Place of Business	Mailing Address
2801 "C" RD LOXAHATCHEE, FL 33470	138 BOBWHITE ROAD ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

01232006 Nc Chg-P CR2E031 (11/05)

4. FEI Number
65-0972855
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTELLON, JESUS V
138 BOBWHITE ROAD
ROYAL PALM BEACH, FL 33411

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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 _____
Signature, type/print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☑ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASTELLON, JESUS V
STREET ADDRESS	138 BOBWHITE ROAD
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
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CITY-ST-ZIP	
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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: John Castellon President 1/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date