

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000026605**

**1. Entity Name**  
**UNIQUE VISIONS NURSERY AND LANDSCAPE, INC.**



**Principal Place of Business**  
**917 11TH ST NORTH**  
**JACKSONVILLE BEACH, FL 32250**

**Mailing Address**  
**P O BOX 3144**  
**PONTE VEDRA, FL 32004-3144**



03042006 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-1177323**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**JONES, GREGORY B**  
**917 11 STREET NORTH**  
**JACKSONVILLE BEACH, FL 32250**

**DO 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 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**

11111111467559  
03/23/06 30056-001 150.00

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PSTD**  
**JONES, GREGORY B**  
**917 11TH ST NORTH**  
**JACKSONVILLE BEACH, FL 32250**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gregory B Jones**

**3-5-06**

**904-334 357**

Date

Daytime Phone #