

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90011 031 ***158.75

DOCUMENT # P04000019212 1. Entity Name JAY NURSERY & LANDSCAPING, CORP					
Principal Place of Business 7101 SW 185 WAY SOUTHWEST RANCHES FL 33332 US			Mailing Address 7101 SW 185 WAY SOUTHWEST RANCHES FL 33332 US		
2. Principal Place of Business - No P.O. Box # 7101 SW 185 WAY		3. Mailing Address SAME			
Suite, Apt. #, etc. S.W. RANCHES, E		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 20-0731533	
Zip 33332		Country Broward		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EGHBAL, JALALI 7101 SW 185 WAY SOUTHWEST RANCHES FL 33332				7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: NOTE: Registered Agent's signature required when submitting. DATE:					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EGHBAL, JALALI 7101 SW 185 WAY SOUTHWEST RANCHES FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARVISH, JABERI 7101 SW 185 WAY SOUTHWEST RANCHES FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:			3-11-08		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		