2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 11, 2007 8:00 am Secretary of State DOCUMENT # P06000030536 04-11-2007 90023 014 ***150.00 SONSHINE JJ NURSERY, INC. Principal Place of Business Mailing Address 4000000 2313 COUNTRY PLACE CIRCLE 2313 COUNTRY PLACE CIRCLE PENSACOLA, FL 32534 PENSACOLA, FL. 32534 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For <u> 20-440</u>4289 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUECK, JEAN A 2313 COUNTRY PLACE CIRCLE Street Address (P.O. Box Number is Not Acceptable) PENSACOLA, FL 32534 City 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE TITLE ☐ Delete ☐ Change ☐ Addition DUECK, JEAN A NAME NAME 2313 COUNTRY PLACE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32534 CITY-ST-ZIP SEC MLE ☐ Delete ITTLE ☐ Change ☐ Addition DUECK, JACOB E NAME MALLE STREET ADDRESS 2313 COUNTRY PLACE CIRCLE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32534 CITY-ST-ZIP **TREA** TITLE ☐ Delete TITLE Change ☐ Addition DUECK, JACOB E NAME 2313 COUNTRY PLACE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32534 CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT\ F ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

INTED NAME OF SIGNING OFFICER OR ORECTOR

FILED

3-12-07 850-968-0416