

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066061

Entity Name: J & C NURSERY, INC.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

23649 FRANKLIN AVE  
SORRENTO, FL 32776

## New Principal Place of Business:

## Current Mailing Address:

23649 FRANKLIN AVE  
SORRENTO, FL 32776

## New Mailing Address:

FEI Number: 26-0307319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MELOTT, JACKIE D  
26349 FRANKLIN AVENUE  
SORRENTO, FL 32776 US

## Name and Address of New Registered Agent:

ADAMS, JANETTE C  
26349 FRANKLIN AVENUE  
SORRENTO, FL 32776 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: JANETTE C ADAMS

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MELOTT, JACKIE D  
Address: 23649 FRANKLIN AVENUE  
City-St-Zip: SORRENTO, FL 32776

Title: VP ( ) Delete  
Name: ADAMS, JANETTE C  
Address: 23649 FRANKLIN AVENUE  
City-St-Zip: SORRENTO, FL 32776

Title: SEC ( ) Delete  
Name: ADAMS, JANETTE C  
Address: 23649 FRANKLIN AVENUE  
City-St-Zip: SORRENTO, FL 32776

Title: TRES ( ) Delete  
Name: MELOTT, JACKIE D  
Address: 23649 FRANKLIN AVENUE  
City-St-Zip: SORRENTO, FL 32776

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JANETTE C ADAMS

VP

05/01/2008

Electronic Signature of Signing Officer or Director

Date