2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P09000023291

1. Entity Name
K & J Nursery & Landscaping Inc

FILED
10 APR 30 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
114 Thompson Circle Tallahassee FL 32312	P.O. Box 13794 Tallahassee FL 32317

2. Principal Place of Business - No P.O. Box #: 114
Suite, Apt. #, etc:
City & State:
Zip: Country:

3. Mailing Address:
Suite, Apt. #, etc:
City & State:
Zip: Country:

000180064370
05/03/10--01016--006 **220.00

4. FEI Number: 800424107 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Judianna Freeman
113 Thompson Circle
Tallahassee FL 32312

7. Name and Address of New Registered Agent
Name:
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 ________________
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, 2010 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
President	Judianna Freeman	113 Thompson Circle	Tallahassee FL 32312	☐ Delete
Vice President	Karey A Freeman	113 Thompson Circle	Tallahassee FL 32312	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 APR 30 PM 4:14
NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING

DSY

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: J Freeman 4/30/10 850-322-1029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #