

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000023291

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** K & J NURSERY & LANDSCAPING INC.

**Current Principal Place of Business:**

114 THOMPSON CIRCLE  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13794  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 80-0424107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREEMAN, JUDIANNA  
113 THOMPSON CIRCLE  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FREEMAN, JUDIANNA  
Address: 113 THOMPSON CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP  
Name: FREEMAN, KAREY  
Address: 113 THOMPSON CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: JUDIANNA FREEMAN

P

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date