

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90324 018 ***150.00

DOCUMENT # P95000065455

1. Entity Name

TRIPLE J NURSERY, INC.



Principal Place of Business

4910 PINETREE DRIVE
LAKE WORTH FL 33463

Mailing Address

4910 PINETREE DRIVE
LAKE WORTH FL 33463

2. Principal Place of Business

16 Crown Gate Road
Suite, Apt. #, etc.

3. Mailing Address

16 Crown Gate Road
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Lake Placid FL
Zip 33852 Country

City & State

Lake Placid FL
Zip 33852 Country

4. FEI Number

05-0603438

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLIN, JAMES G
2263 NW BOCA RATON BLVD. STE 205
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name William Jones
Street Address (P.O. Box Number is Not Acceptable)

16 Crown Gate Road
City Lake Placid FL Zip Code 33852

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

Marta A Jones

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/13/05
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE D ☐ Delete
NAME JONES, WILLIAM
STREET ADDRESS 4910 PINETREE DRIVE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D ☐ Delete
NAME JONES, MARTA
STREET ADDRESS 4910 PINETREE DRIVE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS 16 Crown Gate Road
CITY-ST-ZIP Lake Placid FL 33852

TITLE ☒ Change ☐ Addition
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STREET ADDRESS 16 Crown Gate Road
CITY-ST-ZIP Lake Placid FL 33852

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Marta A Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05
Date

Daytime Phone #