

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P960Q0058441

1. Entity Name
MISS JANE'S NURSERY, INC.



Principal Place of Business
**1524 N.W. 20TH STREET
HOMESTEAD, FL 33030**

Mailing Address
**1524 N.W. 20TH STREET
HOMESTEAD, FL 33030**



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0685837

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOTT, RONALD J
1524 N.W. 20TH STREET
HOMESTEAD, FL 33030**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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

**RECEIVED
APR 12 2004 08:00 AM**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOTT, RONALD J
STREET ADDRESS	1524 N.W. 20TH STREET
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	LOTT, JANE E
STREET ADDRESS	1524 N.W. 20TH STREET
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane Lott

4/07/04 305-246-4748

Date Daytime Phone #