


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90020 014 ***150.00

DOCUMENT # P97000018734 1. Entity Name J & T NURSERY, INC.						
Principal Place of Business 3547 161ST TERRACE NORTH LOXAHATCHEE FL 33470 US				Mailing Address 3547 161ST TERRACE NORTH LOXAHATCHEE FL 33470 US		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 65-0735345		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
SHEELEY, THOMAS 3547 161ST TERRACE NORTH LOXAHATCHEE FL 33470				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEELEY, JOHN			NAME		
STREET ADDRESS	1442 C ROAD			STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470			CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEELEY, THOMAS			NAME		
STREET ADDRESS	3547 61ST TERRACE NORTH			STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				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:  **Thomas SHEELEY** 3/20/04 661 793 0708
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #