

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000053204
 1. Entry Name
 JEFF DAVENPORT NURSERY MANAGEMENT, INC.



Principal Place of Business Mailing Address
 19404 IMMOKALEE ROAD 19301 IMMOKALEE RD
 NAPLES, FL 34120 NAPLES, FL 34120



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0764758 Not Applicable

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

6. Name and Address of Current Registered Agent
 DAVENPORT, JEFFERY E
 19301 IMMOKALEE RD
 NAPLES, FL 34120

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	DAVENPORT, JEFFERY E
STREET ADDRESS	19301 IMMOKALEE ROAD
CITY - ST - ZIP	NAPLES, FL 34120
TITLE	S
NAME	DAVENPORT, REBECCA B
STREET ADDRESS	19301 IMMOKALEE ROAD
CITY - ST - ZIP	NAPLES, FL 34120
TITLE	T
NAME	DAVENPORT, JEFFREY E
STREET ADDRESS	19301 IMMOKALEE ROAD
CITY - ST - ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] Date: 2/2/05 Daytime Phone #: 239 825 0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR