


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000053204

1. Entity Name
JEFF DAVENPORT NURSERY MANAGEMENT, INC.



Principal Place of Business 19404 IMMOKALEE ROAD NAPLES, FL 34120	Mailing Address 19301 IMMOKALEE RD NAPLES, FL 34120
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DO NOT WRITE IN THIS SPACE



02262006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0764758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVENPORT, JEFFERY E
19301 IMMOKALEE RD
NAPLES, FL 34120

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 _____ 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, 2006 Fee will be \$550.00

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

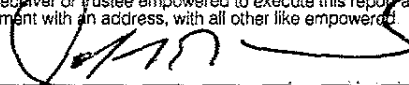
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVS DAVENPORT, JEFFERY E 19301 IMMOKALEE ROAD NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAVENPORT, REBECCA B 19301 IMMOKALEE ROAD NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAVENPORT, JEFFREY E 19301 IMMOKALEE ROAD NAPLES, FL 34120
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **2/28/06** **239-348-9130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #