


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 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

**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0764758 Applied For  
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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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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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02/06/07-80044-012 150.00

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IN THIS SPACE**

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:  1/30/07 239-825-0431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #