


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 13, 2008 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**

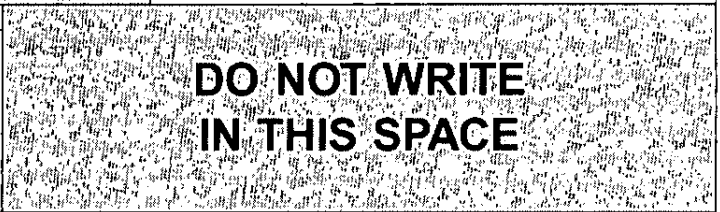



02142008 No Chg-P CR2E034 (11/05)

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**



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, 2008 Fee will be \$550.00**

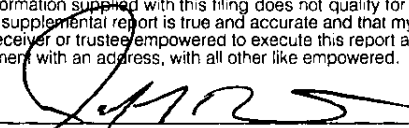
9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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:  **2/25/08** **239 825 0431**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #