

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000105019

FILED
Feb 05, 2006
Secretary of State

Entity Name: J D F LANDSCAPE NURSERY, INC.

Current Principal Place of Business:

2436 HIGHLAND AVE.
APOPKA, FL 32712

New Principal Place of Business:

3881 LONG BRANCH LANE
APOPKA, FL 32712

Current Mailing Address:

2436 HIGHLAND AVE.
APOPKA, FL 32712

New Mailing Address:

3881 LONG BRANCH LANE
APOPKA, FL 32712

FEI Number: 59-3488349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLEMING, JEFFREY
2436 HIGHLAND AVE.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

FLEMING, JEFFREY
3881 LONG BRANCH LANE
APOPKA, FL 32712 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

02/05/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: FLEMING, JEFFREY
Address: 3574 ONDICH RD
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: FLEMING, JEFFREY
Address: 3881 LONG BRANCH LANE
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY D. FLEMING

Electronic Signature of Signing Officer or Director

DPST

02/05/2006

Date