
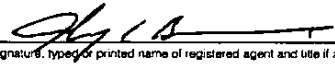



**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90017 004 \*\*\*158.75

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P98000055553</b>			
1. Entity Name <b>J&amp;B TOTAL TURF &amp; ORNAMENTAL CARE, INC.</b>			
Principal Place of Business <b>7831 FLORADORA DR. NEW PORT RICHEY, FL 34654</b>		Mailing Address <b>7831 FLORADORA DR. NEW PORT RICHEY, FL 34654</b>	
2. Principal Place of Business <b>6432 RIVER RD</b>		3. Mailing Address <b>6432 RIVER RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NEW PORT RICHEY FL</b>		City & State <b>NEW PORT RICHEY FL</b>	
Zip <b>34652</b>	Country <b>USA</b>	Zip <b>34652</b> Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>MURRAY, WILLIAM 7831 FLORADORA DR. NEW PORT RICHEY, FL 34654</b>		7. Name and Address of New Registered Agent Name <b>JOHNNY C BRANSCOMB</b> Street Address (P.O. Box Number is Not Acceptable) <b>6432 RIVER RD</b> City <b>NEW PORT RICHEY FL</b> Zip Code <b>34652</b>	
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  <b>Johnny C Branscomb</b> 1-27-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5:00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, WILLIAM 7831 FLORADORA DR. NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANSCOMB, JOHNNY C 8825 CESSNA DR NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>6432 RIVER RD NEW PORT RICHEY FL 34652</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>Johnny C Branscomb</b>		Date <b>1-27-05</b> 727-919-4500 Daytime Phone #	