

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90062 031 ***150.00

DOCUMENT # P99000077200 1. Entity Name FOUR J NURSERY, INC.			
Principal Place of Business 20301 SW 296TH ST HOMESTEAD FL 33030		Mailing Address 20301 SW 296TH ST HOMESTEAD FL 33030	
2. Principal Place of Business 7100-39 FAIRWAY DR. Suite, Apt. #, etc. #142		3. Mailing Address 7100-39 FAIRWAY DR. Suite, Apt. #, etc. #142	
City & State PALM BEACH GARDENS, FL Zip 33418 Country		City & State PALM BEACH GARDENS FL. Zip 33418 Country	
4. FEI Number 65-0942357		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KATES, JOHN E JR 20301 SW 296TH ST HOMESTEAD FL 33030		7. Name and Address of New Registered Agent Name JOHN E KATES, JR. Street Address (P.O. Box Number is Not Acceptable) 115 BUCKHAUS CT. City PALM BEACH GARDENS FL Zip Code 33418	
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 2/9/05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KATES, JOHN E JR 20301 SW 296TH ST HOMESTEAD FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST. KATES, JOHN E, JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7100-39 FAIRWAY DR. #142 PALM BEACH GARDENS FL. 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATES, JOHN E III 20301 SW 296TH ST HOMESTEAD FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KATES JOHN E III 7100-39 FAIRWAY DR. #142 PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATES, JEFF A 20301 SW 296TH ST HOMESTEAD FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KATES JEFF A 7100-39 FAIRWAY DR. #142 PALM BEACH GARDENS FL. 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATES, JEANNE S 20301 SW 296TH ST HOMESTEAD FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KATES, JEANNE S 7100-39 FAIRWAY DR #142 PALM BEACH GARDENS FL 33418
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: JOHN E. KATES JR 2/9/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			