


2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/18/

FILED
Feb 14, 2007 8:00 am
Secretary of State

01-18-2007 90090 021 ***150.00

DOCUMENT # S69626
 1. Entity Name
JAN'S NURSERY, INC.



Principal Place of Business 10765 S. US HIGHWAY 41 DUNNELLON, FL 34430	Mailing Address P.O. BOX 662 DUNNELLON, FL 34430
--	--

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3076927	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
 DEWITT, JANICE M
 19480 SW 36TH ST
 DUNNELLON, FL 34431

DO NOT WRITE 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 rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEWITT, JANICE M. 19480 SW 36TH ST DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEWITT, KEVIN L 20303 SW 69TH PL DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEWITT, JEFFERY 19480 SW 36TH STREET DUNNELLON, FL 34430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEWITT, LEO 19480 SW 36TH ST DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janice M. Dewitt 2/9/07 352-489-0226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone