

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90044 009 ***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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E034 (10/07)

4. FE# Number: 59-3076927
 Applied Fv: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DEWITT, JANICE M
19480 SW 36TH ST
DUNNELLON FL 34431

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	DEWITT, JANICE M.	
STREET ADDRESS	19480 SW 36TH ST	
CITY- ST- ZIP	DUNNELLON FL 34431	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEWITT, KEVIN L	
STREET ADDRESS	20303 SW 69TH PL	
CITY- ST- ZIP	DUNNELLON FL 34431	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEWITT, JEFFERY	
STREET ADDRESS	19480 SW 36TH STREET	
CITY- ST- ZIP	DUNNELLON FL 34430	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEWITT, LEO	
STREET ADDRESS	19480 SW 36TH ST	
CITY- ST- ZIP	DUNNELLON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: Janice DeWitt, Janice DeWitt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08 352-489-0226
 DATE AND TELEPHONE NUMBER