2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# S69626

Entity Name: JAN'S NURSERY, INC.

Current Principal Place of Business:

10765 S. US HIGHWAY 41
DUNNELLON, FL 34430

New Principal Place of Business:

10765 S. US HIGHWAY 41
DUNNELLON, FL 34432

Current Mailing Address:

P.O. BOX 662
DUNNELLON, FL 34430

New Mailing Address:

FEI Number: 59-3076927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEWITT, JANICE M
19480 SW 36TH ST
DUNNELLON, FL 34431 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: DEWITT, JANICE M.,
Address: 19480 SW 36TH ST
City-St-Zip: DUNNELLON, FL 34431

Title: VP ( ) Delete
Name: DEWITT, KEVIN L
Address: 20303 SW 69TH PL
City-St-Zip: DUNNELLON, FL 34431

Title: VP ( ) Delete
Name: DEWITT, JEFFERY
Address: 19480 SW 36TH STREET
City-St-Zip: DUNNELLON, FL 34430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: DEWITT, JEFFERY
Address: 16588 SW 58TH LANE
City-St-Zip: OCALA, FL 34481

I hereby certify that the information supplied with this filing does not qualify 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: JANICE DEWITT PST 02/16/2009
Electronic Signature of Signing Officer or Director Date