

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V34091

**FILED**  
**Jan 23, 2006**  
**Secretary of State**

**Entity Name:** JOSEPH BLUE & SONS NURSERY, INC.

**Current Principal Place of Business:**

769 S.W. BITTERN ST  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

769 S.W. BITTERN STREET  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 65-0332424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FASDERICK, MICHAEL L CPA  
15600 SW 288 STREET STE 305  
HOMESTEAD, FL 33033 US

**Name and Address of New Registered Agent:**

FREDERICK, MICHAEL L CPA  
15600 SW 288 STREET STE 305  
HOMESTEAD, FL 33033 US

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: MICHAEL L FREDERICK

01/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BLUE, JOSEPH F.,  
Address: 769 S. W. BITTERN ST  
City-St-Zip: PALM CITY,, FL 34990

Title: DVST ( ) Delete  
Name: BLUE, SHARON P.,  
Address: 769 S.W. BITTERN ST  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON P BLUE

SEC

01/23/2006

Electronic Signature of Signing Officer or Director

Date