

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V34091

FILED  
Feb 18, 2010  
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:**

FREDERICK, MICHAEL L CPA  
15600 SW 288 STREET STE 305  
HOMESTEAD, FL 33033 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: DP  
Name: BLUE, JOSEPH F.  
Address: 769 S. W. BITTERN ST  
City-St-Zip: PALM CITY,, FL 34990

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

I hereby 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 all other like empowered.

SIGNATURE: SHARON BLUE

DVST

02/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date