


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 211236
 1. Entity Name
WARD'S NURSERY, INC.



Principal Place of Business 2082 WARD,S OFFICE LANE P. O. BOX 850 AVON PARK, FL 33825	Mailing Address 2082 WARD,S OFFICE LANE P. O. BOX 850 AVON PARK, FL 33825
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04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0830724	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 THOMAS E. BARBER
 439 E. SHOCKLEY RD
 AVON PARK, FL 33825

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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BARBER, DEBORAH 439 E. SHOCKLEY RD AVON PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPC BARBER, THOMAS E 439 E. SHOCKLEY RD AVEON PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WARD, MARCIA L. 1812 ST. RD. 17 SOUTH AVON PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ANDERSON, RODNEY 1812 ST. RD. 17 SOUTH AVON PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/14/05-80060-008 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas Barber 4/11/2005 963-453-663,
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #