

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90509 001 \*\*\*158.75

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F00000001301**

1. Entity Name  
**NURSERY SUPPLIES, INC.**



Principal Place of Business  
**1415 ORCHARD DRIVE  
CHAMBERSBURG, PA 17201**

Mailing Address  
**1415 ORCHARD DRIVE  
CHAMBERSBURG, PA 17201**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262005 Chg-P CR2E034 (10/03)

4. FEI Number  
**22-1801978**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NORWOOD, CANDACE  
2050 AVE A  
KISSIMMEE, FL 34758**

**7. Name and Address of New Registered Agent**

Name  
**DAVID L. WILKOSZ**

Street Address (P.O. Box Number is Not Acceptable)  
**2050 AVENUE A**

City **KISSIMMEE** **FL** Zip Code **34758**

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 *David L. Wilkosz* **David Wilkosz Plant controller 4-26-05**  
Signature, typed or printed name of registered agent and title if applicable. (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 ☐ Delete  
NAME **SD**  
STREET ADDRESS **GUARRIELLO, THEODORE**  
CITY-ST-ZIP **PO BOX 299  
BOYCE, VA 22620**

TITLE ☐ Delete  
NAME **CD**  
STREET ADDRESS **GUARRIELLO, HENRY SR.**  
CITY-ST-ZIP **373 CRAIG RD  
GREENCASTLE, PA 17225**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **GUARRIELLO, THEODORE J III**  
CITY-ST-ZIP **1372 SPRINGSIDE DR WEST  
CHAMBERSBURG, PA 17201**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **CURRAN, LARRY D**  
CITY-ST-ZIP **1415 ORCHARD DR  
CHAMBERSBURG, PA 17201**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Larry Curran* **Larry Curran, CEO** **4/28/2005** **717-263-7780**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #