

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071442

Entity Name: CASTLE ROCK NURSERY, INC.

FILED
Feb 16, 2007
Secretary of State

Current Principal Place of Business:

31500 S.W. 187TH AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

31500 SW 187TH AVE.
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-1030868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOSNER, STEVEN D
65 N.W. 16TH STREET
HOMESTEAD, FL 33030 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: V () Delete
Name: SPENCER, NEAL
Address: 31500 SW 187 AVE.
City-St-Zip: HOMESTEAD, FL 33030

Title: DP () Delete
Name: CLONINGER, JAMES
Address: 31500 SW 187 AVE.
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CLONINGER, JAMES E
Address: 31500 SW 187 AVE.
City-St-Zip: HOMESTEAD, FL 33030

Title: ST (X) Change () Addition
Name: HILSON, DEBRA J
Address: 31500 SW 187 AVE.
City-St-Zip: HOMESTEAD, FL 33030

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: JAMES E CLONINGER

DP

02/16/2007

Electronic Signature of Signing Officer or Director

_____ Date