


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90015 035 \*\*\*150.00

DOCUMENT # P00000116652 1. Entity Name A. K. NURSERY INC.	
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Principal Place of Business A.K. NURSERY, INC. 2454 W. KELLY PARK RD APOPKA, FL 32712	Mailing Address 2454 W KELLY PARK ROAD APOPKA, FL 32712
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**DO NOT WRITE IN THIS SPACE**



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3722587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PARK, TAE-WOONG  
2454 W KELLY PARK ROAD  
APOPKA, FL 32712

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARK, TAE-WOONG 2454 W KELLY PARK ROAD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, SEUNG-MAN 2454 W KELLY PARK ROAD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAM, JONG DAN 2454 W KELLY PARK ROAD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS NAM, KI-YEON 2454 W KELLY PARK ROAD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **03/15/06** **407) 880-482**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #