


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000121636		
1. Entity Name HALL'S NURSERIES OF MANDARIN, INC.		

Principal Place of Business 11524 SAN JOSE BLVD. JACKSONVILLE FL 32223	Mailing Address 11524 SAN JOSE BLVD. JACKSONVILLE FL 32223
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **80-0002776** Applied For Not Applied

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALL, JOSEPH D 2140 TREASURE POINT ROAD GREEN COVE SPRINGS FL 32043		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HALL, JOSEPH D			NAME	1100000408552		
STREET ADDRESS	2140 TREASURE POINT ROAD			STREET ADDRESS	02/08/06-80103-012	150.00	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HALL, GEORGE E			NAME			
STREET ADDRESS	2190 ARON DRIVE			STREET ADDRESS			
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HALL, RUSSELL L			NAME			
STREET ADDRESS	1898 COMMODORE POINT ROAD			STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32003			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GOODBREAD, ROBERT L			NAME			
STREET ADDRESS	2130 TREASURE POINT ROAD			STREET ADDRESS			
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert L. Goodbread Robert L. Goodbread 1-23-06 904-262-1965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #