


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000121636 1. Entity Name HALL'S NURSERIES OF MANDARIN, INC.	
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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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 80-0002776	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	HALL, JOSEPH D	
STREET ADDRESS	2140 TREASURE POINT ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	S	<input type="checkbox"/> Delete
NAME	HALL, GEORGE E	
STREET ADDRESS	2190 ARON DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, RUSSELL L	
STREET ADDRESS	1898 COMMODORE POINT ROAD	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOODBREAD, ROBERT L	
STREET ADDRESS	2130 TREASURE POINT ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000827123
02/21/08-80078-004 150.00

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 2/11/08 (904)262-1965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #