

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016233

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: NURSERY CONNECTION, INC.

## Current Principal Place of Business:

5036 SANIBEL DRIVE  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

5007 RIVERPOINT ROAD  
JACKSONVILLE, FL 32207

## Current Mailing Address:

5036 SANIBEL DRIVE  
JACKSONVILLE, FL 32210

## New Mailing Address:

2020 WESTSIDE COURT  
SUITE E  
SNELLVILLE, GA 30078

FEI Number: 20-0953860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AKEL, EDWARD C  
ONE INDEPENDENT DRIVE, STE. 2301  
JACKSONVILLE, FL 32202 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: D ( ) Delete  
Name: XIAO-QIONG DAI, DAVID  
Address: 5036 SANIBEL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: TU, HONG  
Address: 5036 SANIBEL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: XIAO-QIONG DAI, DAVID  
Address: 5007 RIVERPOINT ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Change ( ) Addition  
Name: TU, HONG  
Address: 5007 RIVERPOINT ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HONG TU

D

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date