


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90053 008 ***158.75

DOCUMENT # P05000165863

1. Entity Name
GREAT DANE NURSERIES, INC.




Principal Place of Business Mailing Address
22155 BIRR COURT **22155 BIRR COURT**
MOUNT DORA, FL 32757-9700 **MOUNT DORA, FL 32757-9700**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02142008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-3990463 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAYORGA, AUGUST C
243 W KENNEDY BLVD
SUITE C
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name **Kristina L Rice**
 Street Address (P.O. Box Number is Not Acceptable)
32105 Hickory Ln
 City **Sorrento** **FL** Zip Code **32776**

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 *Kristina L Rice* **Kristina L Rice, Accountant** **2/18/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PALACIOS, FREDDY O	
STREET ADDRESS	22155 BIRR COURT	
CITY-ST-ZIP	MOUNT DORA, FL 327579700	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *F. Palacios* **FREDDY PALACIOS** **03-05-08** **1-352-978-0274**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #