


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90182 045 \*\*\*150.00

<b>DOCUMENT # P99000020516</b> 1. Entity Name FLORIDA NATIVES NURSERY, INC.					
Principal Place of Business 1801 WILLIAMS ROAD PLANT CITY, FL 33565				Mailing Address 1801 WILLIAMS ROAD PLANT CITY, FL 33565	
2. Principal Place of Business - No P.O. Box # 4115 Native Garden Drive Suite, Apt. #, etc.		3. Mailing Address 4115 Native Garden Drive Suite, Apt. #, etc.			
City & State Plant City, Florida Zip 33565		City & State Plant City, Florida Zip 33565		4. FEI Number 59-3561539	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MERADITH, REGINA M 1801 WILLIAMS ROAD PLANT CITY, FL 33565				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$350.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILAM, LAURIE R 1801 WILLIAMS ROAD PLANT CITY, FL 33565	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPPARELLI, BRIAN 1801 WILLIAMS ROAD PLANT CITY, FL 33565	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPPARELLI, BRIAN 4115 Native Garden Drive Plant City, FL 33565	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPPARELLI, BRIAN 4115 Native Garden Drive Plant City, FL 33565	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPPARELLI, BRIAN 4115 Native Garden Drive Plant City, FL 33565	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPPARELLI, BRIAN 4115 Native Garden Drive Plant City, FL 33565	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPPARELLI, BRIAN 4115 Native Garden Drive Plant City, FL 33565	<input type="checkbox"/> Delete			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/12/2007 813)754-1900 Date Daytime Phone #		