

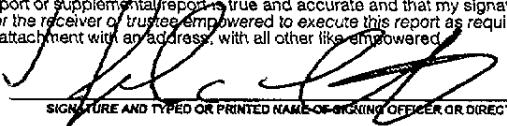
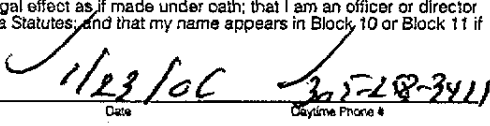


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 014018 1. Entity Name MELROSE NURSERY, INC.					
Principal Place of Business 26100 SW 112 AVE HOMESTEAD, FL 33032 US		Mailing Address 26100 SW 112 AVE HOMESTEAD, FL 33032 US			
DO NOT WRITE IN THIS SPACE					
				 01202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-0356195		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 FRITZ, JOHN C 10950 SW 27TH ST. DAVIE, FL 33328				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD FRITZ, JOHN C 26100 SW 112 AVE HOMESTEAD, FL 33032			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD FRITZ, JOYCE W 26100 SW 112 AVE HOMESTEAD, FL 33032			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD FRITZ, JACK S 26100 SW 112 AVE HOMESTEAD, FL 33032			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD FRITZ, JEFFREY E 26100 SW 112 AVE HOMESTEAD, FL 33032			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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: 		 Date: 1/23/06 Daytime Phone #: 305-28-3411			