2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# 317345

Entity Name: SHORE ACRES NURSERY, INC.

Current Principal Place of Business:

3200 TINDALL ACRES ROAD
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

3200 TINDALL ACRES ROAD
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 59-1168226 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, JR., ROBERT D PDC
5303 JESSAMINE LANE
ORLANDO, FL 32839 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:	PDC	( ) Delete
Name:	MITCHELL, JR., ROBERT D PDC	
Address:	5303 JESSAMINE LANE	
City-St-Zip:	ORLANDO, FL 32839	
Title:	TD	(X) Delete
Name:	WORLEY, ROWENA H TD	
Address:	5303 JESSAMINE LANE	
City-St-Zip:	ORLANDO, FL 32839	
Title:	VP	( ) Delete
Name:	BAZEMORE, ROBYN M VP	
Address:	5999 LAKEPOINT DRIVE # 608	
City-St-Zip:	ORLANDO, FL 32822	
Title:	SD	( ) Delete
Name:	MITCHELL, HELEN W SD	
Address:	5303 JESSAMINE LANE	
City-St-Zip:	ORLANDO, FL 32839	
Title:	CPA	( ) Delete
Name:	MALOY, J. RICK CPA	
Address:	5307 JESSAMINE LANE	
City-St-Zip:	ORLANDO, FL 32839	
Title:	VPS	( ) Delete
Name:	STEVENS, ELIZABETH M VPS	
Address:	800 OAK SHORE DR	
City-St-Zip:	ST CLOUD, FL 34771	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	STD	(X) Change ( ) Addition
Name:	MITCHELL, HELEN W STD	
Address:	5303 JESSAMINE LANE	
City-St-Zip:	ORLANDO, FL 32839	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT D. MITCHELL, JR. PDC 01/17/2006

Electronic Signature of Signing Officer or Director Date