2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# 356060

Entity Name: ROBERT'S NURSERY, INC.

Current Principal Place of Business:

411 KINGSWAY ROAD
P.O. BOX 38
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

411 KINGSWAY ROAD
P.O. BOX 38
SEFFNER, FL 33584

New Mailing Address:

P.O. BOX 38
SEFFNER, FL 33583

FEI Number: 59-1275120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, ROBERT
411 KINGSWAY ROAD
SEFFNER, FL 33584 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: PD ( ) Delete
Name: ROGERS, ROBERT,
Address: PO BOX 38
City-St-Zip: SEFFNER, FL 33583

Title: T ( ) Delete
Name: ROGERS, MARY JANE,
Address: PO BOX 38
City-St-Zip: SEFFNER, FL 33583

Title: VD ( ) Delete
Name: ROGERS, ROBERT JR.,
Address: PO BOX 1800
City-St-Zip: SEFFNER, FL 33583

Title: V ( ) Delete
Name: ROGERS, MICHAEL,
Address: PO BOX 2095
City-St-Zip: SEFFNER, FL 33583

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: ( ) 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 ROGERS JR VP 01/04/2007

Electronic Signature of Signing Officer or Director — Date