

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 356817

**FILED  
Jan 11, 2005  
Secretary of State**

**Entity Name:** FLETCHER NURSERY, INC.

**Current Principal Place of Business:**

RALPH RICHARDS ROAD  
GREENSBORO, FL 32330

**New Principal Place of Business:**

**Current Mailing Address:**

P.P. BOX 118  
GREENSBORO, FL 32330 US

**New Mailing Address:**

**FEI Number:** 59-1254650      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLETCHER, E. HENTZ JR.  
RALPH RICHARDS ROAD  
GREENSBORO, FL 32330 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: P ( ) Delete  
Name: FLETCHER, E. HENTZ J, R.  
Address: RALPH RICHARDS ROAD  
City-St-Zip: GREENSBORO, FL 32330

Title: D ( ) Delete  
Name: FLETCHER, H. MAXWELL, SR.  
Address: SELMA AVENUE  
City-St-Zip: GREENSBORO, FL 32330

Title: ST ( ) Delete  
Name: HOOD, SUZANNE FLETCH, ER  
Address: 709 FOREST LAIR  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: FLETCHER, H. MAXWELL, JR.  
Address: 113 NORTH MADISON AVE  
City-St-Zip: QUINCY, FL 32351

**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 Section 119.07(3)(i), 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: E. HENTZ FLETCHER, JR.

P

01/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date