2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90073 048 ***150.00

DOCUMENT # 452136

1. Entity Name
BERNECKER'S NURSERY, INC.

50008653

Principal Place of Business	Mailing Address
16900 S.W. 216TH STREET GOULDS, FL 33170	16900 S.W. 216TH STREET GOULDS, FL 33170

01262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1539969 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERNECKER, ROBERT G. 16900 SW 216TH STREET GOULDS, FL 33170 CHANGE	Name: James D. Srodulski Street Address (P.O. Box Number is Not Acceptable): 16900 SW 216 Street City: Goulds FL Zip Code: 33170

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: James Srodulski 1/28/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D BERNECKER, DONALD L 16900 S.W. 216TH ST GOULDS, FL 0,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD James D. Srodulski 16900 SW 216 Street Goulds, FL 33170	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRAHAM, EMIL J, JR 16900 S.W. 216TH ST GOULDS, FL 0,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Emil J. Graham, Jr. 16900 SW 216 Street Goulds, FL 33170	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERNECKER, ROBERT G. 16900 S.W. 216TH ST. GOULDS, FL.	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Jeff J. Gebhart 16900 SW 216 Street Goulds, FL 33170	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GIVENS, THOMAS W. 16900 S.W. 216TH ST. GOULDS, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: James Srodulski 1/28/2005 305 247-8527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #