2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** May 02, 2008 08:00 AN Secretary of State **DOCUMENT # 514385** 1. Entity Name ALL FLORIDA NURSERY & IRRIGATION SUPPLY, INC. Mailing Address Principal Place of Business 1984 TIGERTAIL BLVD 1984 TIGERTAIL BLVD **DAVIE. FL 33004 DAVIE, FL 33004** No Cha-P CR2E034 (11/05) 02052008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1699660 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLZSCHUH, JOHN DO NOT WRITE 621 NE 2 PL. **DANIA, FL 33004** 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. BATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HOLZSCHUH, JOHN NAME STREET ADDRESS 621 NE 2 PL. **DANIA, FL 33004** CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 tipe empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP