


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 518522</b> 1. Entity Name FLOWERTREE NURSERY, INC.	
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Principal Place of Business  
37921 FLOWERTREE LANE  
GRAND ISLAND, FL 32735

Mailing Address  
37921 FLOWERTREE LANE  
GRAND ISLAND, FL 32735



03152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1701635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KING, IVY J.  
38437 YALE CIR  
LEESBURG, FL 34788

**DO NOT WRITE  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000430403

04/10/06-80043-003 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HAWKINS, KAY
STREET ADDRESS	37941 FLOWERTREE LANE
CITY-ST-ZIP	GRAND ISLAND, FL

TITLE	P
NAME	KING, IVY J.
STREET ADDRESS	38437 YALE CIR
CITY-ST-ZIP	LEESBURG, FL

TITLE	VPS
NAME	CARTER, KELLY
STREET ADDRESS	1202 OAK HAMMOCK LANE
CITY-ST-ZIP	THE VILLAGES, FL 32159

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:**  Kelly S. Carter Vice President 3/23/06 352-357-5860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #