2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 533658

Title:

Name:

Address:

City-St-Zip:

FILED Apr 25, 2006 Secretary of State

| Entity Name: MEYER'S NURSERIES, INC. | | | | | | | | | |
|---|---|---------------|-----------------------|--|---|--|---------------|---------------------------|---|
| Current Principal Place of Business: | | | | | New Principal Place of Business: | | | | |
| 9491 ROCK THONOTO | (HILL RD SASSA, FL: | 33592 | | | | | | | |
| Current Mailing Address: | | | | | New Mailing Address: | | | | |
| 9491 ROCK THONOTO | (HILL RD SASSA, FL: | 33592 | | | | | | | |
| FEI Number: | 59-1815957 | FEI Numl | per Applied For () | FEI Nun | nber Not Appl | icable () | Certifica | ate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | | Name and Address of New Registered Agent: | | | | |
| MEYER, M. DOUGLAS 11724 PRIMROSE LANE TEMPLE TERRACE, FL 33637 US | | | | | MEYER, M. DOUGLAS 11724 PRIMROSE LANE TEMPLE TERRACE, FL 33637 US | | | | |
| The above in the State | | submits thi | s statement for the p | purpose o | f changing it | ts registered | d office or r | registered agent, or both | , |
| SIGNATURE: M. DOUGLAS MEYER | | | | | 04/25/2006 | | | | |
| | Electro | nic Signatu | re of Registered Ag | ent | | | | Date | |
| Election Cam | paign Financir | ng Trust Fund | d Contribution (). | | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | | | |
| Title: Name: Address: City-St-Zip: | P (MEYER, M. DO 11724 PRIMRO TEMPLE TERR | OSE LANE | 637 | | Title: Name: Address: City-St-Zip: | | () Change | () Addition | |
| Title: Name: Address: City-St-Zip: | VD (MEYER, PHILI 2424 FORRES LUTZ, FL 335 | ST CREST CI | RCLE | | Title: Name: Address: City-St-Zip: | S MEYER, KAI 11724 PRIM TEMPLE TE | IROSE LANE | | |
| Title: Name: Address: City-St-Zip: | S () MEYER, KARE 11724 PRIMR TEMPLE TERR | OSE LANE | 637 | | Title: Name: Address: City-St-Zip: | | () Change | () Addition | |

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: M. DOUGLAS MEYER P 04/25/2006

(X) Delete

2424 FOREST CREST CIRCLE

TEMPLE TERRACE, FL 33637

MEYER, LEILA'S

() Change () Addition