


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 543417 1. Entity Name SUNNY GROVE LANDSCAPING AND NURSERY, INC.						FILED 06 MAR 31 AM 7:44 TALLAHASSEE, FLORIDA	
Principal Place of Business 15111 S. MALLARD FORT MYERS, FL 33913				Mailing Address PO BOX 347 ESTERO, FL 33928			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-1769969				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILLIAMSON, HARLEY A. 1321 NORTH BRANDYWINE CIRCLE FT. MYERS, FL 33919				7. Name and Address of New Registered Agent Name MARK B. WILLIAMSON Street Address (P.O. Box Number is Not Acceptable) 7256 SWAN LAKE DR. City FT. MYERS FL Zip Code 33919			
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 <u><i>Mark Williamson</i></u> MARK WILLIAMSON				DATE 3/28/06			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete WILLIAMSON, MARK B. 7266 SWAN LAKE DRIVE FT. MYERS, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400070475624 04/14/06--01071--006 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete WILLIAMSON, HARLEY A 6720 OVERLOOK DR FORT MYERS, FL 33919			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete WILLIAMSON, PHYLLIS R 6720 OVERLOOK DR FORT MYERS, FL 33913			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <u><i>Handwritten signature</i></u>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Mark Williamson</i></u> MARK WILLIAMSON				Date 3/28/2006 Daytime Phone # 239 992-1818			