2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# 548960

Entity Name: KNOX NURSERY, INC.

Current Principal Place of Business:

4349 N HIAWASSEE RD
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

4349 N HIAWASSEE RD
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 59-1787808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOX, BRUCE R.
4349 N. HIAWASSEE ROAD
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KNOX, M. NADINE
Address: 4349 N HIAWASSEE RD
City-St-Zip: ORLANDO, FL

Title: VPD ( ) Delete
Name: KNOX, JAMES M., III,
Address: 4349 N HIAWASSEE ROAD
City-St-Zip: ORLANDO, FL

Title: PCD ( ) Delete
Name: KNOX, BRUCE R.,
Address: 4349 N HIAWASSEE ROAD
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KNOX, M. NADINE
Address: 4349 N HIAWASSEE RD
City-St-Zip: ORLANDO, FL 32818

Title: VPD (X) Change ( ) Addition
Name: KNOX, JAMES M III
Address: 4349 N HIAWASSEE ROAD
City-St-Zip: ORLANDO, FL 32818

Title: PCD (X) Change ( ) Addition
Name: KNOX, BRUCE R
Address: 4349 N HIAWASSEE ROAD
City-St-Zip: ORLANDO, FL 32818

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: BRUCE R. KNOX PRES 01/13/2005

Electronic Signature of Signing Officer or Director — Date