2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 589301

FILED Jan 09, 2006 Secretary of State

Entity Name: E' HARTS NURSERY & LANDSCAPING, INC.

Current Principal Place of Business: New Principal Place of Business: 901 HWY 70 WEST LAKE PLACID, FL 33852 **Current Mailing Address: New Mailing Address:** PO BOX 393 LAKE PLACID, FL 33862 FEI Number: 59-1902171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EISENHART, MICHAEL 901 HWY 70 WEST LAKE PLACID, FL 33852 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition EISENHART, MICHAEL Name: Name: 901 HWY 70 WEST Address: Address: City-St-Zip: LAKE PLACID, FL City-St-Zip: Title: **VPS** () Delete Title: (X) Change () Addition EISENHART, SEAN M Name: EISENHART, JOHN H Name: 3305 COY RD APT # 1 Address: 901 HWY 70 W. Address: OREGON, OH 43616 LAKE PLACID, FL 33852 City-St-Zip: Citv-St-Zip:

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.

SIGNATURE: MICHAEL L. EISENHART P/T 01/09/2006