

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 598883

Entity Name: MALLOY'S NURSERY, INC.

FILED
Feb 10, 2005
Secretary of State

Current Principal Place of Business:

2837 N JEFFERSON
POST OFFICE BOX 224
MONTICELLO, FL 32345

New Principal Place of Business:

Current Mailing Address:

U.S. 19 NORTH
POST OFFICE BOX 224
MONTICELLO, FL 32345

New Mailing Address:

2837 N JEFFERSON
POST OFFICE BOX 224
MONTICELLO, FL 32345

FEI Number: 59-2007989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLOY, HAROLD
2837 N. JEFFERSON
P.O. BOX 224
MONTICELLO FL, FL 32344 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: PD () Delete
Name: MALLOY, CLYDE,
Address: US 19 NORTH
City-St-Zip: MONTICELLO, FL

Title: SD () Delete
Name: RITTER, LOIS M,
Address: US 19 NORHT
City-St-Zip: MONTICELLO, FL

Title: VPD () Delete
Name: MALLOY, HAROLD
Address: U.S. 19 NORTH
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MALLOY, CLYDE,
Address: 2837 N JEFFERSON ST
City-St-Zip: MONTICELLO, FL

Title: SD (X) Change () Addition
Name: RITTER, LOIS M,
Address: 2837 N JEFFERSON ST
City-St-Zip: MONTICELLO, FL

Title: VPD (X) Change () Addition
Name: MALLOY, HAROLD
Address: 2837 N JEFFERSON ST
City-St-Zip: MONTICELLO, FL 32344

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: HAROLD MALLOY

VPD

02/10/2005

Electronic Signature of Signing Officer or Director

_____ Date