2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 657293

1. Entity Name
DICKINSON'S WHOLESALE NURSERY, INC.

Principal Place of Business	Mailing Address
1401 24TH AVENUE WEST PALMETTO, FL 34221	1401 24TH AVENUE WEST PALMETTO, FL 34221

DO NOT WRITE IN THIS SPACE

03092005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1978551	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAKLIS, V. WILLIAM
1400 4TH AVENUE
BRADENTON, FL

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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: _Geraldine A. MacEntee Manager/Inc_ 3-21-05

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000273201
03/23/05-80020-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	DICKINSON, RONALD I.
STREET ADDRESS	4004 24TH AVE E
CITY-ST-ZIP	PALMETTO, FL
TITLE	VPD
NAME	DICKINSON, NAN
STREET ADDRESS	4004 24TH AVE E
CITY-ST-ZIP	PALMETTO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _Geraldine MacEntee_ 3/21/05   941-722-1119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Dayline Phone #