

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 695130

FILED
Mar 27, 2006
Secretary of State

Entity Name: PLANT HAVEN WHOLESale NURSERY, INC.

Current Principal Place of Business:

10300 W. MIDWAY RD.
FT. PIERCE, FL 349452355 US

New Principal Place of Business:

Current Mailing Address:

10300 W. MIDWAY RD.
FORT PIERCE, FL 34945 US

New Mailing Address:

FEI Number: 59-2135701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPPER, PAUL B.
1914 ESPLANADE
FT. PIERCE, FL 34982 US

Name and Address of New Registered Agent:

HOPPER, PAUL B.
5367 NW RUGBY DRIVE
FT. PIERCE, FL 34983 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:

03/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOPPER, PAUL B.,
Address: 1914 ESPLANADE
City-St-Zip: FT. PIERCE, FL 34982

Title: V () Delete
Name: MCWHORTER, GARY C.,
Address: 5503 BIRCH DR
City-St-Zip: FT. PIERCE, FL 34982

Title: T () Delete
Name: HOPPER, JANICE,
Address: 1914 ESPLANADE
City-St-Zip: FT. PIERCE, FL 34982

Title: S () Delete
Name: MCWHORTER, MARGARET,
Address: 5503 BIRCH DR
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOPPER, PAUL B.,
Address: 5367 NW RUGBY DRIVE
City-St-Zip: FT. PIERCE, FL 34983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HOPPER, JANICE,
Address: 5367 NW RUGBY DRIVE
City-St-Zip: FT. PIERCE, FL 34983

Title: () Change () Addition
Name:
Address:
City-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: MARGARET MCWHORTER

S

03/27/2006

Electronic Signature of Signing Officer or Director

Date