2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2006 8:00 am Secretary of State

							
1. Entity Name	ENT # 854567 AN NURSERY CO., INC.			55		y 01 Stau 14 030 ***150.00	
Principal Place of	of Rusiness	Mailing Address			νυυι	UPPUU	
C/O GENE M. PR 230 PARK AVE 2 NEW YORK, NY	RANZO 26TH FLOOR	C/O GENE M. PRANZO 230 PARK AVE 26TH FLO NEW YORK, NY 10169	oor US				1144 († 1 41 1
2. Principal Place		3. Mailing Address					
c/o Gene	e M. Pranzo	c/o Gene M.	Pranzo	1 188191 19	ter filli Blant ants Billi ian	or graff Braft Blatt Braft Blatt Bla	1247 1921
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.		01242006	Chg-P	CR2E034 (11/05)	
60 E. 42	2nd St. 40th Fl.	60 E. 42nd	St40+h		Ong (
City & State		City & State		4. FEI Num	ber	Ap	plied For
New Yorl	k, NY	New York, NY		22-24	24479	No	t Applicable
Zip	Country	Zip	Country	5 Codifica	e of Status Desired	□ \$8.75 Add	itional
10165-00	006 US	10165-0006	IIS.	5. Centinca	e or status besited	Fee Require	
	6. Name and Address of Current F	Registered Agent		7. Name ar	d Address of New F	Registered Agent	
			Name				
UNITED STA	ATES CORPORATION COMP	PANY	<u> </u>		_		
1201 HAYS S	STREET		Street Ad	idress (P.O. Box Num	ber is Not Acceptable	e)	
SUITE 105			\			_ ,	
TALLAHASS	SEE, FL 32301						
ľ			City			Zip Cod	e
						FL Zip Cod	
8. The above na	armed entity submits this statement for	the purpose of changing its re	egistered office or a	registered agent, or b	oth, in the State of Fl	londa. I am familiar with,	and accept
the obligation	is of registered agent.						
	is of registered agent.						
SIGNATURE		TOWN alteriors is also be	Parretared Access success	Contestana and the least sea		DATE	
SIGNATURE	ns of regustered agent.	ind table if applicable (NOTE	Registered Agent signatur	re required when reinstating)		DATE	
SIGNATURESO		9. Election Campaig	n Financing	\$5.00 May Be Added to Fees		DATE	
SIGNATURE So	onature, typed or priviled name of registered agent is NOW!!! FEE IS \$150.00 7 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contril	n Financing bution.	\$5.00 May Be Added to Fees			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. SIGNATURE AND TYPED ON PRINTED NAMED F SIGNATURE OF DIRECTOR

26/06 Q12)68