2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F06356

1. Entity Name HAM'S NURSERY, INC.

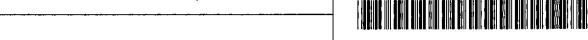


FILED Mar 09, 2007 08:00 AM **Secretary of State**

Principal Place of Business

P.O. BOX 185 RT 207 AT HELEN STREET ST AUGUSTINE, FL 32085 Mailing Address

P.O. BOX 185 RT 207 AT HELEN STREET ST AUGUSTINE, FL 32085



DO NOT WRITE IN THIS SPACE

092007	No Chg-P	CR2E034 (11/05)	

Applied For 4. FEI Number 59-2045966 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

HAMILTON, JON DAVID 20 MENENDEZ ROAD

DO NOT WRITE ST. AUGUSTINE, FL 32084 IN THIS SPACE

the oblig	gations of registered agent.					
SIGNATURE 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, 2007 Fee will be \$550.00		S. Election Campaign Financing Trust Fund Contribution. Added to Fees			00000061517 03/20/07-80044-812 150.00	
10. OFFICERS AND DIRECTORS		CTORS				
TITLE	PTD					
NAME	HAMILTON, JON DAVID					

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

STREET ADDRESS 20 MENENDEZ RD ST AUGUSTINE, FL 32080 CITY-ST-ZIP TITLE APEL, DANIEL WILLIS JR. NAME 3741 ARROWHEAD DR STREET ADDRESS SAINT AUGUSTINE, FL 32086 CITY-ST-ZIP 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

6. Name and Address of Current Registered Agent

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this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is 12. I hereby certify that the information supplied wi indicated on this report or supplemental report the corporation or the regelver or trustee of changed, or on an attachy

SIGNATURE: