2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 21, 2005 08:00 AM DOCUMENT # F33820 **Secretary of State** 1. Entity Name ELLENTON NURSERY, INC. Principal Place of Business Mailing Address BOX 416 PARRISH FL 34219 BOX 416 PARRISH FL 34219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 59-2112101 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRACE, CRAIG J 3203 97TH AVENUE EAST Street Address (P.O. Box Number is Not Acceptable) PARRISH FL 34219 Zip Code 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE \_ DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete नाह ☐ Change Addition NAME TRACE, PRISILLA L NAME 3203 97TH AVENUE EAST STREET ADDRESS STREET ADDRESS CITY-ST-7IP PARRISH, FL 00000 CHY-ST-7/P DP Delete Change Addition TITLE TRACE, CRAIG J NAME NAME 3203 97TH AVENUE EAST STREET ADDRESS STREET ADDRESS PARRISH, FL 00000 CHY-SI-ZP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P ☐ Change Addition THTLE Delete TITLE NAME NAME U00000236358 STREET ADDRESS STREET ADDRESS 02/21/05-80014-014 150.00 CITY-ST-ZIP CLTY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE HHF NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP 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.

**FILED**