


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F41429	
1. Entity Name REYNOLDS NURSERY, INC.	

Principal Place of Business % DAVID E. REYNOLDS 2701 W. KEEN-CAMPBELL RD. PLANT CITY, FL 33565 US	Mailing Address % DAVID E. REYNOLDS 2701 W. KEEN-CAMPBELL RD. PLANT CITY, FL 33565-5111 US
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01292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2114090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REYNOLDS, DAVID E. 2703 W KEEN CAMPBELL RD PLANT CITY, FL 33565
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DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REYNOLDS, DAVID E 2703 W KEEN-CAMPBELL ROAD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REYNOLDS, BERNICE 2701 W KEEN-CAMPBELL ROAD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, ELSIE 2701 W. KEEN-CAMPBELL RD. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYNOLDS, MARY D 2703 W KEEN CAMPBELL RD PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINCAID, STEVE 2701 W KEENE-CAMPBELL RD PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>11000000227824 02/14/05-80014-015 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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.

BY: <u>Mary D. Reynolds</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2-10-05 813-254-2178 Date Daytime Phone #
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