2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# F41429

Entity Name: REYNOLDS NURSERY, INC.

Current Principal Place of Business:

% DAVID E.REYNOLDS
2701 W.KEEN-CAMPBELL RD.
PLANT CITY, FL 33565 US

New Principal Place of Business:

Current Mailing Address:

% DAVID E.REYNOLDS
2701 W.KEEN-CAMPBELL RD.
PLANT CITY, FL 335655111 US

New Mailing Address:

FEI Number: 59-2114090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYNOLDS, DAVID E.
2703 W KEEN CAPMBELL RD
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

REYNOLDS, DAVID E.
2703 W KEEN CAMPBELL RD
PLANT CITY, FL 33565 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: _____ 01/27/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: REYNOLDS, DAVID E
Address: 2703 W KEEN-CAMPBELL ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: VPD ( ) Delete
Name: REYNOLDS, BERNICE
Address: 2701 W KEEN-CAMPBELL ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: D ( ) Delete
Name: REYNOLDS, ELSIE
Address: 2701 W.KEEN-CAMPBELL RD.
City-St-Zip: PLANT CITY, FL

Title: SD ( ) Delete
Name: REYNOLDS, MARY D
Address: 2703 W KEEN CAMPBEL RD
City-St-Zip: PLANT CITY, FL

Title: D ( ) Delete
Name: KINCAID, STEVE
Address: 2701 W KEENE-CAMPBELL RD
City-St-Zip: PLANT CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARY D. REYNOLDS SD 01/27/2006
Electronic Signature of Signing Officer or Director — Date