

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

07-18-2006 90112 001 \*\*\*300.00

**DOCUMENT # F94000004327**

1. Entity Name  
**HINES NURSERIES, INC.**



Principal Place of Business  
**12621 JEFFREY RD.  
IRVINE, CA 92620**

Mailing Address  
**12621 JEFFREY RD.  
IRVINE, CA 92620**

**66021939**



07032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>33-0411319</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FERGERSON, ROBERT A
STREET ADDRESS	1264 JEFFRY ROAD
CITY - ST - ZIP	IRVINE, CA 92620

TITLE	CFO
NAME	PIEROPAN, CLAUDIA
STREET ADDRESS	12621 JEFFREY ROAD
CITY - ST - ZIP	IRVINE, CA 92620

TITLE	D
NAME	ALLEN, DOUGLAS D
STREET ADDRESS	12621 JEFFREY RD.
CITY - ST - ZIP	IRVINE, CA 92620

TITLE	D
NAME	WOOD, PAUL R
STREET ADDRESS	12621 JEFFREY RD.
CITY - ST - ZIP	IRVINE, CA 92620

TITLE	D
NAME	REUSCHE, THOMAS R
STREET ADDRESS	12621 JEFFREY RD.
CITY - ST - ZIP	IRVINE, CA 92620

TITLE	ACS
NAME	ROBERTSON, BILL
STREET ADDRESS	12621 JEFFREY ROAD
CITY - ST - ZIP	IRVINE, CA 92620

**DO NOT WRITE  
IN THIS SPACE**

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: Claudia M. Pieropan 7/3/06 949-559-4444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #