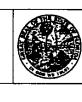
2008 FOR PROFIT CORPORATION

ANNUAL REPORT



Apr 24, 2008 8:00 am Secretary of State 04-24-2008 90107 005 ***150.00

DOCUMENT # G15640 1. Entity Name GRIFFIN WHOLESALE NURSERY, INC.					04-24-2008 90107 005 ***150.00			
Principal Place of Business 2325 WALLACE BRANCH DR PLANT CITY, FL 33564-1838		Mailing Address P.O BOX 848 PLANT CITY, FL 33564-1838			- (2011) 4001	Isan anna akka anan gal	ATAN ALKU 61811 61811 6181	818H83): U 1861
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222008	Chg-P	CR2E034 (12/0	6)
City & State		City & State			4. FEI Number 59-2330			Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of	f Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Curren	Registered Agent			7. Name and	ddress of New R	egistered Agent	
GALLOWAY, DAVID A 506 N ALEXANDER ST. PLANT CITY, FL 33566				Name Street Address (P.O. Box Number is Not Acceptable)				
* .			Ci	City FL Zip Code				
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOWIL! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND		11.	100			ICERS AND DIRECT	
NAME STREET ADDRESS CITY-ST-ZIP	GRIFFIN, JOHN R. NA. SOUTH BETHLEHEM RD. STI		TITLE NAME STREET ADD CITY-ST-ZI	ORESS DR	4 VID 4) 1 506 N. 1	CALLOWAY LEXAND O LANT CITS	□ Chan PLST Fi 33563	ge 🗗 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-ZI	ORESS			☐ Chan	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-ZI	·			□ Chan	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-ZI				☐ Chan	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-ZI				☐ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied wil	Delete	TITLE NAME STREET ADD CITY-ST-2	UP .	dia Charter 100	Elected Const.	☐ Chan	

Intereory certify mail the information supplied with this flining does not quality 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 employered 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: