

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G46608

FILED
Apr 14, 2006
Secretary of State

Entity Name: ROCK CITY NURSERY AND LANDSCAPING, INC.

Current Principal Place of Business:

9080 U S 1
P.O. BOX 808
WABASSO, FL 329707808

New Principal Place of Business:

Current Mailing Address:

9080 U S 1
P.O. BOX 808
WABASSO, FL 329707808

New Mailing Address:

FEI Number: 59-2300469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKENSON, DAVID B.
980 N FEDERAL HWY
SUTIE 410 COMPSON FINANCIAL CENTER
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: LOWE, THOMAS P,
Address: 9080 U S 1
City-St-Zip: WABASSO, FL

Title: VS () Delete
Name: LOWE, RHONDA J,
Address: 9080 U S 1
City-St-Zip: WABASSO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: LOWE, THOMAS P,
Address: 9080 U S 1
City-St-Zip: WABASSO, FL 32970

Title: VS (X) Change () Addition
Name: LOWE, RHONDA J,
Address: 9080 U S 1
City-St-Zip: WABASSO, FL 32970

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: THOMAS P. LOWE

PT

04/14/2006

Electronic Signature of Signing Officer or Director

Date