


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H50837</b>			
1. Entity Name <b>C. D. NURSERY, INC.</b>			
Principal Place of Business <b>% JACK HAMILTON P.O. BOX 137 MONTICELLO FL 32344</b>		Mailing Address <b>C.D. NURSEY %JACK HAMILTON P.O. BOX 137 MONTICELLO FL 32345 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>HAMILTON, DAVID L. 1878 N JEFFERSON MONTICELLO FL 32344</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 transferring)			
DATE _____			



1st MOORE CR2E034 (10/05)  
4. FEI Number **59-2784584** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Trust Fund Contribution.  Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P HAMILTON, JACK 1750 N JEFFERSON MONTICELLO FL 32344	TITLE	U00000486578 04/13/06-80043-014 150.00
NAME	HAMILTON, DAVID L 1878 N JEFFERSON MONTICELLO FL 32344	NAME	
STREET ADDRESS	HAMILTON, MARCELINE 1750 N JEFFERSON MONTICELLO FL 32344	STREET ADDRESS	
CITY-ST-ZIP	WAGNER, CYNTHIA H. 1750 N JEFFERSON MONTICELLO FL 32344	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David L. Hamilton* 3-29-06 850997298