


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H93497</b> 1. Entity Name <b>DELOACH NURSERY, INC.</b>		
Principal Place of Business <b>C/O CARROLL E DELOACH</b> <b>142 NORTH RIFLE RANGE ROAD</b> <b>WINTER HAVEN, FL 33880 US</b>	Mailing Address <b>C/O CARROLL E DELOACH</b> <b>142 NORTH RIFLE RANGE ROAD</b> <b>WINTER HAVEN, FL 33880 US</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="display: flex; justify-content: space-between;"> <span>01152007    No Chg-P    CR2E034 (11/05)</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         4. FEI Number  <b>59-2627724</b> </div> <div style="width: 35%;">         Applied For  <input type="checkbox"/> Not Applicable       </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         5. Certificate of Status Desired    <input type="checkbox"/> </div> <div style="width: 35%;"> <b>\$8.75</b> Additional Fee Required       </div> </div>		
6. Name and Address of Current Registered Agent  <b>DELOACH, CARROLL</b> <b>142 NORTH RIFLE RANGE ROAD</b> <b>WINTER HAVEN, FL 33880</b>		<h2>DO NOT WRITE IN THIS SPACE</h2>
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 _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		000000590129 01/18/07-80043-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WHITING, WILLIAM P</b> <b>361 VAIL DR</b> <b>WINTER HAVEN, FL 33884</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DELOACH, CARROLL E</b> <b>142 N RIFLE RANGE ROAD</b> <b>WINTER HAVEN, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
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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.		
<b>SIGNATURE:</b> <i>Carroll E DeLoach</i>		Date <b>1-15-07</b> Daytime Phone # <b>863 324-3105</b>