## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J07758

1. Entity Name

## FILED Jan 25, 2005 8:00 am Secretary of State

01-25-2005 90031 002 \*\*\*150.00

Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1112005 Chg-P CR2E034 (10/03)  City & State  City & State  City & State  City & State  Country  Country  St. Certificate of Status Desired Status	HIDDEN A	ACRES NURSERY, INC.			
Suite, Apt. #, etc.    City & State   City & State   City & State   City & State   A. FEI Number   S9-2677999   Nature   S9-267799   Nature   S9-2677999	10715 SHANKHILL RD P.O. BOX 723		P.O. BOX 723	US	
City & State  Country  Country  Country  Country  Country  Country  S. Contribution of Status Desired  S. Contribution  Name  C. Country  S. Contribution  Name  S. Contribution  City  Ci	2. Principal Pl	lace of Business	3. Mailing Address		
Size   Section	Suite, Apt. #, etc. Suite, Apt. #, etc.			01112005 Chg-P CR2E034 (10/03)	
Second   S	City & State		City & State		I — —
RHOADES, CLIFFORD R 227 N. RIDGEWOOD DRIVE SEBRING, FL 33870  8. The above named entity submits this statement for the purpose of changing its registered agent or registered agent or both. In the State of Florida. I am familiar with, at the obligations of registered agent.  SIGNATURE  FL 35 CBP  City SIGNATURE  Speakers, locat or presidence dispositions agent and the 4 statellation.  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TITLE  DP OUBOSE, JAMES E. SIRREL ADORSS (D7: 51-2P)  SIRREL ADORSS (D7: 51-2P)  SIRREL ADORSS (D7: 51-2P)  SEBRING, FL  UNITE DO UBOSE, NANCY C. SIRREL ADORSS (D7: 51-2P)  ITILE  DST OUTS SHANKHILL RD  SIRREL ADORSS (D7: 51-2P)  SEBRING, FL  UNITE DO UBOSE, NANCY C. SIRREL ADORSS (D7: 51-2P)  ITILE  DST OUTS SHANKHILL RD  SIRREL ADORSS (D7: 51-2P)  SEBRING, FL  UNITE DOST  ADMIT DELETED (DELETED IN THE MAKE SIRREL ADORSS (D7: 51-2P)  ITILE  DST OUTS SHANKHILL RD  SIRREL ADORSS (D7: 51-2P)  SEBRING, FL  UNITE SHANKHILL RD  SIRREL ADORSS (D7: 51-2P)  SEBRING, FL  UNITE SHANKHILL RD  SIRREL ADORSS (D7: 51-2P)  SEBRING, FL  UNITE SHANKHILL RD  SIRREL ADORSS (D7: 51-2P)  SEBRING, FL  UNITE SHANKHILL RD  SIRREL ADORSS (D7: 51-2P)  SEBRING, FL  UNITE SHANKHILL RD  SIRREL ADORSS (D7: 51-2P)  SEBRING, FL  UNITE SHANKHILL RD  SIRREL ADORSS (D7: 51-2P)  SEBRING, FL  UNITE SHANKHILL RD  SIRREL ADORSS (D7: 51-2P)  SEBRING, FL  UNITE SHANKHILL RD  SIRREL ADORSS (D7: 51-2P)  SEBRING, FL  Change  INGE  SIRREL ADORSS (D7: 51-2P)  INGE  Change  Change  SIRREL ADORSS (D7: 51-2P)  INGE  Change	Zip	Country	Zip	Country	5 Certificate of Status Desired S8.75 Additional
RHOADES, CLIFFORD R 227 N. RIDGEWOOD DRIVE SEBRING, FL 33870  8. The above named entity submits this statement for the purpose of changing its registered agent for both, in the State of Florida. I am familiar with, at the obligations of registered agent and see a application.  SIGNATURE    FILE NOW!!! FEE IS \$150.00   After May 1, 2005 Fee will be \$550.00		6. Name and Address of Curre	nt Registered Agent		
S. 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, at the obligations of registered agent.  SIGNATURE    Signature, repeated or protect name of registered agent and she if applicable.   (NOTE Registered Agent separture required when remaining)   DATE	227 N. RID	GEWOOD DRIVE		Street Add	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  ITILE DP DUBOSE, JAMES E. SIREI ADDRESS OITY-SI-2P SEBRING, FL  UITLE DUBOSE, NANCY C. SIREI ADDRESS 10715 SHANKHILL RD SIREI ADDRESS SIREI ADDRESS 0107-SI-2P SEBRING, FL  UITLE DST ADAMS, APRIL M. SIREI ADDRESS CITY-SI-2P SEBRING, FL  UITLE DST ADAMS, APRIL M. ADAMS, SEBRING, FL  UITLE SIREI ADDRESS CITY-SI-2P SEBRING, FL  UITLE SIREI ADDRESS CITY-SI-2P SEBRING, FL  UITLE NAME SIREI ADDRESS CITY-SI-2P SIREI ADDRESS CITY-SI-2P SEBRING, FL  UITLE NAME SIREI ADDRESS CITY-SI-2P SEBRING,			for the purpose of changing its r		N 5 11 PX-
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. Delete  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. ADDITIONS/CHANGES TO OFFICERS  1	SIGNATURE_				
ARTOR May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS    TITLE   DP		Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE:	: Registered Agent signature	re required when reinstating) DATE
TITLE DP DUBOSE, JAMES E. SIREET ADDRESS CITY-ST-2IP SEBRING, FL DUBOSE, NANCY C. SIREET ADDRESS CITY-ST-2IP SEBRING, FL DUBOSE, NANCY C. SIREET ADDRESS CITY-ST-2IP SEBRING, FL DV Delete SIREET ADDRESS CITY-ST-2IP SEBRING, FL DV DELETE NAME SIREET ADDRESS CITY-ST-2IP SEBRING, FL DV DELETE NAME SIREET ADDRESS CITY-ST-2IP SEBRING, FL DST DELETE NAME ADDRESS CITY-ST-2IP SEBRING, FL DST DELETE NAME ADDRESS CITY-ST-2IP SEBRING, FL DITLE NAME ADDRESS CITY-ST-2IP SEBRING, FL DELETE NAME SIREET ADDRESS CITY-ST-2IP CHange NAME SIREET ADDRESS CITY-ST-2IP CHANGE SIREET ADDRESS CITY-ST-2IP CHANGE SIREET ADDRESS CITY-ST-2IP CHANGE SIREET ADDRESS CITY-ST-2IP DELETE NAME SIREET ADDRESS CITY-ST-2IP CHANGE SIREET ADDRESS CITY-ST-2IP SIREET ADDRESS SIREET ADDRESS CITY-ST-2IP SIREET ADDRESS CITY-ST-2IP SIREET ADDRESS SIREET ADDRESS CITY-ST-2IP SIREET ADDRESS SIREET			فيناه والمحارب المحارب		
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ITILE DUBOSE, NANCY C. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP SEBRING, FL  ITILE DST ADAMS, APRIL M. STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	NAME STREET ADDRESS	DUBOSE, JAMES E. 10715 SHANKHILL RD	☐ Delete	NAME STREET ADDRESS	V, V, Sachange □ Add
STREET ADDRESS CITY-ST-ZIP SEBRING, FL  CITY-ST-ZIP  DST ADAMS, APRIL M. STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  SEBRING, FL  CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	D DUBOSE, NANCY C. 10715 SHANKHILL RD	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Add
CITY-ST-ZIP  SEBRING, FL  OPERATOR OPER	NAME	FISHER, WESLEY C.	Delete		President Change Add
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1	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED THAT OF SIGNING OFFICER OR DIRECTOR OF DIRECTOR O