


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # J07758 1. Entity Name HIDDEN ACRES NURSERY, INC.	
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Principal Place of Business 10715 SHANKHILL RD SEBRING, FL 33872 US	Mailing Address P.O. BOX 723 SEBRING, FL 33871 US
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2677999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCOLLUM & RINALDO, P.A. 129 SOUTH COMMERCE AVENUE SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V DUBOSE, JAMES E. 10715 SHANKHILL RD SEBRING, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DUBOSE, NANCY C. 10715 SHANKHILL RD SEBRING, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P FISHER, WESLEY C. 10715 SHANKHILL RD SEBRING, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST ADAMS, APRIL M. 10715 SHANKHILL RD SEBRING, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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01/19/06-80036-010 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: April M Adams 1-12-06 863-385-1325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #