

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90219 009 ***150.00

DOCUMENT # J07758

1. Entity Name
HIDDEN ACRES NURSERY, INC.



Principal Place of Business
10715 SHANKHILL RD
SEBRING, FL 33872 US

Mailing Address
P.O. BOX 723
SEBRING, FL 33871 US

60001658



01082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2677999		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MCCOLLUM & RINALDO, P.A. 129 SOUTH COMMERCE AVENUE SEBRING, FL 33870				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUBOSE, JAMES E.			NAME	10842 Shankhill Rd		
STREET ADDRESS	10715 SHANKHILL RD			STREET ADDRESS	Sebring FL 33875		
CITY-ST-ZIP	SEBRING, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUBOSE, NANCY C.			NAME	10842 Shankhill Rd		
STREET ADDRESS	10715 SHANKHILL RD			STREET ADDRESS	Sebring FL 33875		
CITY-ST-ZIP	SEBRING, FL			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, WESLEY C.			NAME	916 Lake Josephine Dr.		
STREET ADDRESS	10715 SHANKHILL RD			STREET ADDRESS	Sebring FL 33875		
CITY-ST-ZIP	SEBRING, FL			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, APRIL M.			NAME	Cowan, April M		
STREET ADDRESS	10715 SHANKHILL RD			STREET ADDRESS	2100 Dog Leg Dr.		
CITY-ST-ZIP	SEBRING, FL			CITY-ST-ZIP	Sebring FL 33872		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: April M. Cowan Date: 1-8-07 Daytime Phone #: 863-385-1325