


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2677999 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCCOLLUM & RINALDO, P.A.
129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000788695
 01/18/08-80051-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	DUBOSE, JAMES E.
STREET ADDRESS	10842 SHANKILL RD
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	D
NAME	DUBOSE, NANCY C.
STREET ADDRESS	10842 SHANKILL RD
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	P
NAME	FISHER, WESLEY C.
STREET ADDRESS	916 LAKE JOSEPHINE DR
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	DST
NAME	COWAN, APRIL M
STREET ADDRESS	2100 DOG LEG DR
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: April M Cowan Date: 1-16-08 Daytime Phone #: 883-3851325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR