

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90302 031 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J73748 1. Entity Name ROLLING OAKS NURSERY, INC.	
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Principal Place of Business 11197 SW 73RD CIRCLE OCALA, FL 34476	Mailing Address 11197 SW 73RD CIRCLE OCALA, FL 34476
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66018185



DO NOT WRITE IN THIS SPACE

04072006 No Chg-P CR2E034 (11/05)

4. FBI Number 65-0002282	Applied For Not Applicable
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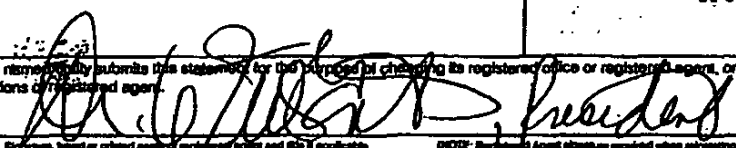
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNER, R E
410 N.W. 74TH AVENUE
PLANTATION, FL 33317

**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:  DATE: 4/20/06

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

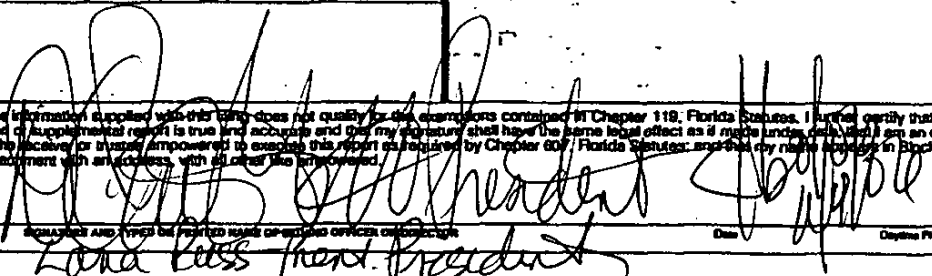
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	FE ROSE-TRENT, LANA 11197 SW 73RD CIRCLE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RUSS, DEREK 18331 S.W. 48TH ST FT. LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this form does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 fees incorporated.

SIGNATURE:  Date: _____ Daytime Phone: _____

