


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90081 045 ***150.00

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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DO NOT WRITE IN THIS SPACE



04152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0002282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent CONNER, R E 410 N.W. 74TH AVENUE PLANTATION, FL 33317
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSS-TRENT, LANA 11197 SW 73RD CIRCLE OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSS, DEREK 18331 S.W. 16TH ST FT. LAUDERDALE, FL 33331 <i>DERIK RUSS 11197 SW 73 Circle Ocala, FL 34476</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Correct</i> 
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 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____	Date <i>4/16/07</i>	Daytime Phone # _____
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