## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K04370

FILED Apr 22, 2007 Secretary of State

Entity Name: SCARBOROUGH RANCH NURSERIES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	15TH STREET DBEE, FL 349			
Current Mailing Address:		ss:	New Mailing Address:	
	15TH STREET OBEE, FL 349			
El Number	: 65-0025218	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:
	A, TONI J. 15TH STREET	-		
KEECH	OBEE, FL 349	74 US		
he above	OBEE, FL 349		purpose of changing its registere	ed office or registered agent, or both,
he above	DBEE, FL 349 named entity of Florida.  RE:	submits this statement for the		ed office or registered agent, or both,
The above of the State SIGNATU	DBEE, FL 349 named entity e of Florida.  RE: Electro	submits this statement for the		ed office or registered agent, or both,  Date
The above of the State SIGNATU	DBEE, FL 349 named entity e of Florida.  RE: Electro	submits this statement for the		
The above the Stati SIGNATU	DBEE, FL 349 named entity e of Florida.  RE: Electro	submits this statement for the nic Signature of Registered Ag	ent	
The above the Stati SIGNATU	e named entity e of Florida.  RE: Electro  mpaign Financin  S AND DIREC	submits this statement for the nic Signature of Registered Age Trust Fund Contribution ( ).  CTORS:  ) Delete ON J., H STREET	ent	Date
The above to the State SIGNATU  SIGNATU  SIECTION Can  DFFICER  ittle: lame: ddress:	e named entity e of Florida.  RE: Electro  mpaign Financin  S AND DIREC  STD ( WIERSMA, TO 408 S.W. 15TH OKEECHOBEE	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  CTORS:  ) Delete NI J., H STREET E, FL ) Delete LL, H ST.	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONI J WIERSMA STD 04/22/2007