

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K14756

FILED
Apr 03, 2005
Secretary of State

Entity Name: MCMULLEN WHOLESAL NURSERY, INC.

Current Principal Place of Business:

8028 COSME ROAD
P.O. BOX 896
ODESSA, FL 335567896

New Principal Place of Business:

Current Mailing Address:

PO BOX 896
P.O. BOX 896
ODESSA, FL 335560896 US

New Mailing Address:

P.O. BOX 896
ODESSA, FL 335560896 US

FEI Number: 59-2880359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMULLEN JR., JOHN L.
8028 COSME ROAD
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

MCMULLEN, JR., JOHN L
P.O. BOX 896
ODESSA, FL 33556 US

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.

SIGNATURE: JOHN L. MCMULLEN, JR.

04/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCMULLEN, JOHN LAIRD,
Address: 3623 BARCELONA ST
City-St-Zip: TAMPA, FL

Title: STD () Delete
Name: MCMULLEN, JUDITH ELL, EN F
Address: 3623 BARCELONA ST
City-St-Zip: TAMPA, FL

Title: VP () Delete
Name: MCMULLEN, JOHN LAIRD, III
Address: 3623 BARCELONA ST
City-St-Zip: TAMPA, FL

Title: VP () Delete
Name: MCMULLEN, LINDSEY AD, AIR
Address: 3623 BARCELONA ST
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCMULLEN, JR., JOHN L
Address: 3623 BARCELONA ST
City-St-Zip: TAMPA, FL 33629

Title: STD (X) Change () Addition
Name: MCMULLEN, JUDITH F
Address: 3623 BARCELONA ST
City-St-Zip: TAMPA, FL 33629

Title: VP (X) Change () Addition
Name: MCMULLEN, III, JOHN L
Address: 3623 BARCELONA ST
City-St-Zip: TAMPA, FL 33629

Title: VP (X) Change () Addition
Name: MCMULLEN, LINDSEY A
Address: 3623 BARCELONA ST
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUDTIH F. MCMULLEN

STD

04/03/2005

Electronic Signature of Signing Officer or Director

Date