

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K14756

FILED
Apr 09, 2006
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:

8028 COSME ROAD
P.O. BOX 896
ODESSA, FL 335560896 US

Current Mailing Address:

P.O. BOX 896
ODESSA, FL 335560896 US

New Mailing Address:

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
P.O. BOX 896
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUDITH F. MCMULLEN

STD

04/09/2006

Electronic Signature of Signing Officer or Director

_____ Date