

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K14756

FILED  
Apr 09, 2006  
Secretary of State

Entity Name: MCMULLEN WHOLESale 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