2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# K60223

Entity Name: CRESTVIEW NURSERIES, INC.

Current Principal Place of Business:

5908 HOUSTON LANE
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

5908 HOUSTON LANE
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 59-2931556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORNE, DALLAS BRISCOE
3705 HORNE HOLLOW ROAD
HOUSTON LANE
CRESTVIEW, FL 32539 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: P ( ) Delete
Name: HORNE, DALLAS BRISCO, E
Address: 3705 HORNE HOLLOW ROAD
City-St-Zip: CRESTVIEW, FL

Title: S ( ) Delete
Name: HORNE, BARBARA B
Address: 3709 HORNE HOLLOW ROAD
City-St-Zip: CRESTVIEW, FL 32539

Title: V ( ) Delete
Name: HORNE, DANIEL GENE,
Address: 4404 SKYLARK ROAD
City-St-Zip: MILTON, FL

Title: T ( ) Delete
Name: HORNE, BARBARA B
Address: 3709 HORNE HOLLOW RD
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HORNE, DALLAS BRISCO, E
Address: 3705 HORNE HOLLOW ROAD
City-St-Zip: CRESTVIEW, FL 32539 US

Title: S (X) Change ( ) Addition
Name: HORNE, BARBARA B
Address: 3709 HORNE HOLLOW ROAD
City-St-Zip: CRESTVIEW, FL 32539 US

Title: V (X) Change ( ) Addition
Name: HORNE, DANIEL GENE,
Address: 4404 SKYLARK ROAD
City-St-Zip: MILTON, FL US

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: DALLAS BRISCOE HORNE P 04/26/2007

Electronic Signature of Signing Officer or Director — Date