


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90023 014 ***150.00

DOCUMENT # K68943
 1. Entity Name
M & M NURSERIES, INC.



Principal Place of Business
 5339 EMERSON AV
 ST LUCE, FL 34951-1608

Mailing Address
 8098 PICOS ROAD
 FORT PIERCE, FL 34945

DO NOT WRITE IN THIS SPACE



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0106855

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCMGUIRE, PETER M
893 WOODLANDS DRIVE
PORT SAINT LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCGUIRE, PETER M 893 WOODLANDS DR PORT ST LUCIE, FL 34952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MORRIS, KENNETH A 5339 EMERSON AVE FT PIERCE, FL 34951 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST GAVER, MARGARET M 8098 PICOS RD FT PIERCE, FL 34945 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret M Gaver MARGARET M GAVER 3/21/06 772465-9260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #