


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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



Principal Place of Business: **5339 EMERSON AV
ST LUCIE, FL 34951-1608**
 Mailing Address: **8098 PICOS ROAD
FORT PIERCE, FL 34945**

DO NOT WRITE IN THIS SPACE



03212008 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**

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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, 2008 Fee will be \$550.00

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

U00000913293
05/08/08-80010-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCGUIRE, PETER M
STREET ADDRESS	893 WOODLANDS DR
CITY-STATE-ZIP	PORT ST LUCIE, FL 34952
TITLE	V
NAME	MORRIS, KENNETH A
STREET ADDRESS	5339 EMERSON AVE
CITY-STATE-ZIP	FT PIERCE, FL 34951
TITLE	ST
NAME	GAVER, MARGARET M
STREET ADDRESS	8098 PICOS RD
CITY-STATE-ZIP	FT PIERCE, FL 34945
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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 4/19/08 772-201-0147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #