## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L49268

Entity Name: L & L NURSERY, INC.

FORT MEADE, FL 33841

City-St-Zip:

FILED Apr 14, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6408 LAKE HENDRY RD. FORT MEADE, FL 33841 US **Current Mailing Address: New Mailing Address:** 6408 LAKE HENDRY RD FORT MEADE, FL 33841 US FEI Number: 59-2993696 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LYNCH, MICHAEL E 6408 HÉNDRY RD. FORT MEADE, FL 33841 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LYNCH, ANGELA SUSAN Name: Name: 6408 LAKE HENDRY RD Address: Address: City-St-Zip: FORT MEADE, FL 33841 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: LYNCH, MICHAELE Name: LYNCH, MICHAEL E 6408 LAKE HENDRY RD Address: 6408 LAKE HENDRY RD Address:

City-St-Zip:

FORT MEADE, FL 33841

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: MICHAEL E. LYNCH **PRES** 04/14/2006