

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L82168**

1. Entity Name  
**FIVE LITTLE INDIANS NURSERY, INC.**



Principal Place of Business  
**2119 MORGAN RD  
ZOLFO SPRINGS, FL 33890**

Mailing Address  
**2119 MORGAN RD  
ZOLFO SPRINGS, FL 33890**



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0240994** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

**DEEMER, THOMAS L.  
2119 MORGAN RD  
ZOLFO SPRINGS, FL 33890**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

000000482618  
04/11/06-80083-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **PS**  
NAME **DEEMER, THOMAS L.**  
STREET ADDRESS **2119 MORGAN RD**  
CITY-ST-ZIP **ZOLFO SPRINGS, FL 33890**

TITLE **VP**  
NAME **DEEMER, FLORENCE N**  
STREET ADDRESS **2119 MORGAN RD**  
CITY-ST-ZIP **ZOLFO SPRINGS, FL 33890**

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Thomas L. Deemer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06  
Date

Daytime Phone #