

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90192 015 \*\*\*150.00

5/1

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # M73582</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                                                                                           |
| 1. Entity Name<br><b>PARKS NURSERY AND FOLIAGE CO., INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                                                                                                                                                                                            |
| Principal Place of Business<br><b>2475 PLYMOUTH SORRENTO RD.<br/>PLYMOUTH, FL 32768</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        | Mailing Address<br><b>POB 386<br/>PLYMOUTH, FL 32768</b>                                                                                                                                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                                                                                                                                                                            |
| 2. Name and Address of Current Registered Agent<br><br><b>PARK DONALD D.<br/>2475 PLYMOUTH SORRENTO RD.<br/>PLYMOUTH, FL 32768</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | <b>66012027</b><br><br>04132008 No Chg-P CR2ED34(11/05)<br>4. FEI Number<br><b>59-2880691</b><br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when addressing)</small>                                                                                                                                                                                                                                 |                        | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                          |
| <b>FILE NOW!!! FEB IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$350.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                      |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                            |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DPT                    |                                                                                                                                                                                                                            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PARK, DONALD D.        |                                                                                                                                                                                                                            |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2475 PLYMOUTH SORRENTO |                                                                                                                                                                                                                            |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLYMOUTH, FL 32768     |                                                                                                                                                                                                                            |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SD                     |                                                                                                                                                                                                                            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PARK, GLORIA           |                                                                                                                                                                                                                            |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2475 PLYMOUTH SORRENTO |                                                                                                                                                                                                                            |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLYMOUTH, FL 32768     |                                                                                                                                                                                                                            |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                                                                                                            |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                                                                                                                                                            |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                            |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                                                                                                            |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                                                                                                                                                            |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                            |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                                                                                                                                                                                            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                                                                                                                                                                                            |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                                                                                                                                                                                                            |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                            |
| 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 filers empowered. |                        |                                                                                                                                                                                                                            |
| SIGNATURE: <u><i>Gloria H. Park</i></u> <u>5/22/08</u> <u>Secretary</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                                                                                                                                                                            |