


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M84334 1. Entity Name NATIVE NURSERIES OF TALLAHASSEE, INC.			
Principal Place of Business 1661 CENTERVILLE RD TALLAHASSEE, FL 32308 US		Mailing Address 1661 CENTERVILLE RD TALLAHASSEE, FL 32308 US	
DO NOT WRITE IN THIS SPACE			
		01102005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2897419 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
LEGARE, DONNA 1661 CENTERVILLE RD TALLAHASSEE, FL 32308		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D LEGARE, DONNA 1661 CENTERVILLE ROAD TALLAHASSEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D WALTHALL, JOSEPH 1661 CENTERVILLE ROAD TALLAHASSEE, FL	
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TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: <u>Donna L. Legare</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Donna L. Legare President 2/2/05 850 386-2747 Date Daytime Phone #	