2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 08, 2006
Secretary of State

DOCUMENT# P00000015692

Entity Name: ALL SEASONS NURSERY, INC.

Current Principal Place of Business:

15207 W NEWBERRY RD
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

15207 W NEWBERRY RD
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 59-3624666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEAY, TRINA
5538-A NW 43RD ST.
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: SEAY, TRINA
Address: PO BOX 357153
City-St-Zip: GAINESVILLE, FL 32635

Title: P ( ) Delete
Name: SEAY, TROY
Address: PO BOX 357453
City-St-Zip: GAINSVILLE, FL 32635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: ROSS, LARRY
Address: 5538 A NW 43RD STREET
City-St-Zip: GAINSVILLE, FL 32635

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: TRINA SEAY SD 05/08/2006

Electronic Signature of Signing Officer or Director Date