2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000015692

Entity Name: ALL SEASONS NURSERY, INC.

FILED Jun 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15207 W NEWBERRY RD NEWBERRY, FL 32669

Current Mailing Address: New Mailing Address:

15207 W NEWBERRY RD NEWBERRY, FL 32669

FEI Number: 59-3624666 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:

SEAY, TRINA SEAY, TROY

5538-A NW 43RD ST. 15207 WEST NEWBERRY RD GAINESVILLE, FL 32653 US NEWBERRY, FL 32669 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: TROY SEAY 06/09/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: () Change () Addition

 Name:
 SEAY, TRINA
 Name:

 Address:
 PO BOX 357153
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32635
 City-St-Zip:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 ROSS, LARRY
 Name:
 SEAY, TROY

 Address:
 5538 A NW 43RD STREET
 Address:
 PO BOX 357153

 City-St-Zip:
 GAINSVILLE, FL 32635
 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 06/09/2006