

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90040 017 ***150.00

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01062006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000015790 1. Entity Name WIREGRASS NURSERY MANAGEMENT, INC.					
Principal Place of Business 2768 TIMBERLANE DR KEYSTONE HEIGHTS, FL 32656			Mailing Address PO BOX 967 KEYSTONE HEIGHTS, FL 32656		
2. Principal Place of Business <i>2768 Timberlane Dr</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Keystone Heights, FL</i>		City & State Suite, Apt. #, etc.		4. FEI Number 59-3627174	
Zip 32656		Country <i>clay</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWELL, P.A., PAUL D 260-A LAWRENCE BLVD. PO BOX 1369 KEYSTONE HEIGHTS, FL 32656			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYRNES, ROBERT L 6813 IMMOKALEE ROAD KEYSTONE HEIGHTS, FL 32656 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GANLEY, TIMOTHY C 6984 ELFO DRIVE KEYSTONE HEIGHTS, FL 32656 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Robert L Byrnes</i> Robert L Byrnes			1/26/06 352-473-2073 Date Daytime Phone #		