

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000094765 1. Entity Name OLD SOUTH NURSERY, INC.					
Principal Place of Business 17431 SW 266 TERR HOMESTEAD FL 33031			Mailing Address 17431 SW 266 TERR HOMESTEAD FL 33031		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-1062080				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent BUCKLEY, HOWARD F 17431 SW 266 TERR HOMESTEAD FL 33031			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 reappointing) Signature: typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing \$5.00 May : Trust Fund Contribution. ☐ Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BUCKLEY, HOWARD F 17431 SW 266 TERR HOMESTEAD FL 33031	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add U000000523204 05/03/06-80064-006 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS BUCKLEY, ELINDA 17431 SW 266 TERR HOMESTEAD FL 33031	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Add	☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Add			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Howard F. Buckley</u> HOWARD BUCKLEY, PRESIDENT 4-17-06 305-248-4702 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					