

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000017418

1. Entity Name
DANNY'S NURSERY, INC.



Principal Place of Business
28405 SW 185TH AVE
HOMESTEAD, FL 33030

Mailing Address
28405 SW 185TH AVE
HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

**FILED
May 01, 2006 08:00 AM
Secretary of State**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1081381	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

ZIJC, DRAGAN P
28405 SW 185TH AVE
HOMESTEAD, FL 33030

**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

Signature, typed or printed name of registered agent and title if applicable

(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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ZIJC, DRAGAN
STREET ADDRESS 28405 SW 185TH AVE
CITY ST ZIP HOMESTEAD, FL 33030

U000000552239
05/15/06-80003-014 150.00

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DRAGAN Zijic 4-27-06 7862551160

Date

Daytime Phone #