2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State
02-06-2006 90056 005 ***150.00

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1. Entity Name
NURSERY REPORT, INC.

Principal Place of Business	Mailing Address
18710 SW 288TH ST., ROOM 38 HOMESTEAD, FL 33030	18710 SW 288TH ST., ROOM 38 HOMESTEAD, FL 33030

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01192006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1102397 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FREDERICK, MICHAEL
15600 SW 288 ST STE 305
HOMESTEAD, FL 33030

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 _____
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BASKIN, DAVID 18710 SW 288TH ST., ROOM 38 HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Bill Hunt 18710 SW 288 St, Rm 38 Homestead, FL 33030	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HUNT, BILL 18710 SW 288TH ST., ROOM 38 HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Erik Tietig 18710 SW 288 St., Rm. 38 Homestead, FL 33030	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MILLER, DOUGLAS 18710 SW 288TH ST., ROOM 38 HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Ivonne Alexander 18710 SW 288 St., Rm. 38 Homestead, FL 33030	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SPURLING, JANE 18710 SW 288TH ST., ROOM 38 HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Jane Spurling 18710 SW 288 St., Rm. 38 Homestead, FL 33030	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GREER, LISA 18710 SW 288TH ST., ROOM 38 HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Lisa Greer 18710 SW 288 St., Rm. 38 Homestead, FL 33030	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Bill Hunt 02-02-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #