

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037301

Entity Name: THOMPSON'S NURSERY, INC.

FILED
Apr 22, 2007
Secretary of State

Current Principal Place of Business:

1360 CHRISTOPHER COURT
DAVENPORT, FL 33896

New Principal Place of Business:

Current Mailing Address:

8297 CHAMPIONSGATE BLVD., #195
CHAMPIONSGATE, FL 33896

New Mailing Address:

8297 CHAMPIONSGATE BLVD., #195
CHAMPIONSGATE, FL 33896

FEI Number: 59-3719353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, SHEILA
8297 CHAMPIONSGATE BLVD. #195
CHAMPIONSGATE, FL 33896 US

Name and Address of New Registered Agent:

THOMPSON, SHEILA
8297 CHAMPIONSGATE BLVD. #195
CHAMPIONSGATE, FL 33896 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: SHEILA THOMPSON

04/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: THOMPSON, JERRY
Address: 8297 CHAMPIONSGATE BLVD #195
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: VPS () Delete
Name: THOMPSON, SHEILA
Address: 8297 CHAMPIONSGATE BLVD #195
City-St-Zip: CHAMPIONSGATE, FL 33896

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: THOMPSON, JERRY
Address: 8297 CHAMPIONSGATE BLVD #195
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: VPS (X) Change () Addition
Name: THOMPSON, SHEILA
Address: 8297 CHAMPIONSGATE BLVD #195
City-St-Zip: CHAMPIONSGATE, FL 33896

I hereby certify that the information supplied with this filing does not qualify 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: SHEILA THOMPSON

VPS

04/22/2007

Electronic Signature of Signing Officer or Director

Date