

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044201

Entity Name: PARR NURSERY, INC.

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

301 S MILWEE ST
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

301 S MILWEE ST
LONGWOOD, FL 32750

New Mailing Address:

301 S. MILWEE STREET
LONGWOOD, FL 32750

FEI Number: 59-3714147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ROBERT C
301 S MILWEE ST
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMSE, PHILIP
Address: PO BOX 915064
City-St-Zip: LONGWOOD, FL 32791

Title: ST () Delete
Name: RAMSEY, RITA
Address: 308 STONEBRIDGE DR
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMSEY, PHILIP
Address: PO BOX 915064
City-St-Zip: LONGWOOD, FL 32791

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PHIL RAMSEY

P

01/06/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date