2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005
Secretary of State

DOCUMENT# P01000071843

Entity Name: B AND T'S LANDSCAPE NURSERY, INC.

Current Principal Place of Business:

4133 WILKINS ROAD
ZELLWOOD, FL 32798

New Principal Place of Business:

4500 DORA RD
MT DORA, FL 32757

Current Mailing Address:

P O BOX 73
ZELLWOOD, FL 32798 US

New Mailing Address:

FEI Number: 59-3749883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANDLER, THERESA H
4133 WILKINS ROAD
ZELLWOOD, FL 32798 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: D ( ) Delete
Name: CHANDLER, THERESA H
Address: POST OFFICE BOX 73
City-St-Zip: ZELLWOOD, FL 32798

Title: D ( ) Delete
Name: CHANDLER, DOUGLAS V
Address: FAYE STREET
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: CHANDLER, DOUGLAS V
Address: PO BOX 374
City-St-Zip: ZELLWOOD, FL 32798

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: THERESA H CHANDLER PRES 02/26/2005

Electronic Signature of Signing Officer or Director Date