2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000121630 Jan 22, 2007 08:00 AM **Secretary of State** HALL'S NURSERIES OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 5645 BLANDING BLVD. JACKSONVILLE FL 32244 5645 BLANDING BLVD. JACKSONVILLE FL 32244 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Numbor 80-0002200 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HALL, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 2140 TREASURE POINT ROAD GREEN COVE SPRINGS FL 32043 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE; Registered Agont signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. Change Addition HITE. ☐ Delete HHE HALL, JOSEPH D NAMI. NAMI 2140 TREASURE POINT ROAD STREET ADDRESS STRUET ADDRESS GREEN COVE SPRINGS FL 32043 CITY ST-ZIP CITY+SI-7IP ☐ Change Addition ☐ Delete HALL, GEORGE E 2190 ARON DRIVE STREET ADDRESS STREET ADDRESS GREEN COVE SPRINGS FL 32043 CITY-ST-7IP CHY-S1-7P Change ■ Addition 1001 Delete TITLE HALL, RUSSELL L NAME NAME STREET ADDRESS 1898 COMMODORE PT STREET ADDRESS CHY-SI-7IP **ÖRANGE PARK FL 32003** CHY-ST-712 TITLE TITLE ☐ Change ☐ Addition ☐ Delete GOODBREAD, ROBERT L NAMC NAME 2130 TREASURE POINT ROAD STREET ADDRESS STREET ADDRESS GREEN COVE SPRINGS FL 32043 CITY-ST-ZIP CHY-SI-ZIP Addition HILL Delete Change NAME NAMI* STREET LADDRESS STREET ADORESS CITY-SE-ZIP CHY-SI-ZIP Change Addition DHE ☐ Delcte THE NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-7IP CHY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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

SIGNATURE:

FILED