

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000008053 1. Entity Name GRAYSON PUCKETT FERNERIES, INC.						FILED 06 AUG -9 AM 9:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5841 LAKE WINONA RD DELEON SPRINGS, FL 32330				Mailing Address 5841 LAKE WINONA RD DELEON SPRINGS, FL 32330			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent PUCKETT, RONALD G 5841 LAKE WINONA RD DELEON SPRINGS, FL 32330				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 02-0533125			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
\$8.75 Additional Fee Required				07102006 Chg-P CR2E034 (11/05)			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
DATE				Amended AR is \$61.25			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input type="checkbox"/> Delete NAME PUCKETT, RONALD G STREET ADDRESS 5841 LAKE WINONA RD CITY-ST-ZIP DELEON SPRINGS, FL 32330				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 300079055053 STREET ADDRESS 08/23/06--01034--024 **61.25 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Secretary STREET ADDRESS Puckett, Carine CITY-ST-ZIP 5841 Lake Winona Rd Deleon Springs, FL. 32330			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date				Daytime Phone #			