



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000028455</b>		
1. Entity Name <b>LAZY LEAF NURSERY, INC.</b>		
Principal Place of Business <b>30 WEST MASHTA DRIVE SUITE 400 KEY BISCAVNE, FL 33149</b>	Mailing Address <b>30 WEST MASHTA DRIVE SUITE 400 KEY BISCAVNE, FL 33149</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
		03012006 No Chg-P CR2E034 (11/05)
4. FEI Number <b>01-0613632</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>PUYANIC, MAX D 30 WEST MASHTA DRIVE SUITE 400 KEY BISCAVNE, FL 33149</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		<b>U00000488507 04/17/06-80008-019 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTOLD, RICHARD S 29405 SW 170 AVE HOMESTEAD, FL 33030	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTOLD, RUSSELL A 25550 SW 147 AVE HOMESTEAD, FL 33032	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYDEN, PATRICK 28701 SW 202 AVE HOMESTEAD, FL 33030	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 information empowered.		
SIGNATURE: <u>Richard Bertold</u> 3/29/06 305-245-5970 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		