


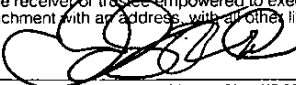
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90243 050 ***158.75

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DOCUMENT # P02000072457			
1. Entity Name BROCKWOOD NURSERIES, INC.			
Principal Place of Business 37021 DOGWOOD LN HILLIARD, FL 32046-1325		Mailing Address P.O. BOX 1325 HILLIARD, FL 32046-1325	
2. Principal Place of Business 37021 Crepe Myrtle Ln		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hilliard, FL		City & State	
Zip 32046	Country Nassau	Zip	Country
4. FEI Number 02-0627127		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROCK, CHADWICK W 37021 DOGWOOD LN HILLIARD, FL 32046-1325		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DPC BROCK, CHADWICK W 37021 DOGWOOD LN., PO BOX 1325 HILLIARD, FL 320461325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BROCK, PENNY D 37021 DOGWOOD LN., PO BOX 1325 HILLIARD, FL 320461325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLAIR, THOMAS 3447 JEANNIE RD., PO BOX 16770 CALLAHAN, FL 320111670 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAIR, THOMAS A P.O. BOX 1670, 3447 JEANNIE RD CALLAHAN, FL 320111670 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  CHADWICK W BROCK		Date: 4-13-05 Daytime Phone #: 904-753-3005	