2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

DOCUMENT# P02000072457

Entity Name: BROCKWOOD NURSERIES, INC.

Current Principal Place of Business:

37021 CREPE MYRTLE LANE
HILLIARD, FL 320461325

New Principal Place of Business:

37021 CREPE MYRTLE LANE
NONE
HILLIARD, FL 320461325 US

Current Mailing Address:

P.O. BOX 1325
HILLIARD, FL 320461325

New Mailing Address:

P.O. BOX 1325
NONE
HILLIARD, FL 320461325 US

FEI Number: 02-0627127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCK, CHADWICK W
37021 CREPE MYRTLE LN
HILLIARD, FL 32046 US

Name and Address of New Registered Agent:

BROCK, CHADWICK W
37021 CREPE MYRTLE LN
NONE
HILLIARD, FL 32046 US

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: CHADWICK W. BROCK 03/02/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPC ( ) Delete
Name: BROCK, CHADWICK W
Address: 37021 DOGWOOD LN., PO BOX 1325
City-St-Zip: HILLIARD, FL 320461325

Title: CEO ( ) Delete
Name: BROCK, PENNY D
Address: 37021 DOGWOOD LN., PO BOX 1325
City-St-Zip: HILLIARD, FL 320461325

Title: DS ( ) Delete
Name: BLAIR, THOMAS
Address: 3447 JEANNIE RD., PO BOX 16770
City-St-Zip: CALLAHAN, FL 320111670

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BROCK, CHADWICK W
Address: P O BOX 1325 @ 37021 CREPE MYRTLE LN
City-St-Zip: HILLIARD, FL 320461325 US

Title: DVPT (X) Change ( ) Addition
Name: BROCK, PENNY D
Address: P O BOX 1325 @ 37021 CREPE MYRTLE LN
City-St-Zip: HILLIARD, FL 320461325 US

Title: DS (X) Change ( ) Addition
Name: BLAIR, THOMAS
Address: 3447 JEANNIE RD., PO BOX 16770
City-St-Zip: CALLAHAN, FL 320111670 US

Title: NONE ( ) Change (X) Addition
Name: NONE, NONE
Address: NONE
City-St-Zip: CALLAHAN, FL 32011 US

Title: NONE ( ) Change (X) Addition
Name: NONE, NONE
Address: NONE
City-St-Zip: CALLAHAN, FL 32011 US

Title: NONE ( ) Change (X) Addition
Name: NONE, NONE
Address: NONE
City-St-Zip: CALLAHAN, FL 32011 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PENNY D. BROCK DVPT 03/02/2007
Electronic Signature of Signing Officer or Director Date