

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000032211

Entity Name: WEE TREE NURSERIES, INC.

**FILED**  
**May 17, 2005**  
**Secretary of State**

## **Current Principal Place of Business:**

18542 BOY'S RANCH ROAD  
ALTOONA, FL 32902

## **New Principal Place of Business:**

## **Current Mailing Address:**

18542 BOY'S RANCH ROAD  
ALTOONA, FL 32902

## **New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

TOUNG, BRIAN R P.A.  
213 SILVER BEACH AVENUE  
DAYTONA BEACH, FL 32118 US

## **Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: BISHOP, KEVIN F  
Address: 265 LEXINGTON DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: V ( ) Delete  
Name: BISHOP, LYNNE R  
Address: 18542 BOY'S RANCH ROAD  
City-St-Zip: ALTOONA, FL 32902

Title: V (X) Delete  
Name: SIMPSON, JENNIFER M  
Address: 265 LEXINGTON DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32114

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: BISHOP, KEVIN F  
Address: 18542 BOY'S RANCH ROAD  
City-St-Zip: ALTOONA, FL 32902

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN BISHOP

PST

05/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date