

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000054805

Entity Name: ATLANTIC NURSERIES, INC.

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

10207 100TH STREET SOUTH
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

10207 100TH STREET SOUTH
BOYNTON BEACH, FL 33437 US

New Mailing Address:

FEI Number: 20-0885735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRICIA LEBOW, P.A.
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 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: PSTD () Delete
Name: WOOLFSON, MARK L
Address: 10207 100TH STREET SOUTH
City-St-Zip: BOYNTON BEACH, FL 33437 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV () Change (X) Addition
Name: WOOLFSON, MARK R
Address: 10207 100TH STREET SOUTH
City-St-Zip: BOYNTON BEACH, FL 33437 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: MARK L WOOLFSON

DPST

04/19/2006

Electronic Signature of Signing Officer or Director

Date