2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000077921

1. Entity Name
RAY BROWN NURSERY, INC.

Principal Place of Business	Mailing Address
1032 USTLER RD. APOPKA, FL 32712	P.O. BOX 183 APOPKA, FL 32704

DO NOT WRITE IN THIS SPACE

02052008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1197554	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, RAY
1032 USTLER ROAD
APOPKA, FL 32712

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	BROWN, RAY	
STREET ADDRESS	1032 USTLER RD.	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		
NAME		
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CITY-ST-ZIP		

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02/19/08-80044-005 150.00

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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 like empowered.

SIGNATURE: _Ray Brown_   _Ray Brown_   2-8-08   407-886-1221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #