


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90121 015 \*\*\*150.00

<b>DOCUMENT # P03000079691</b>					
1. Entity Name <b>CRUZ NURSERY INC</b>					
Principal Place of Business <b>3019 N FORBES RD PLANT CITY, FL 33565</b>			Mailing Address <b>3019 N FORBES RD PLANT CITY, FL 33565</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-0102152</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ROHRET, KARIN 12651 WALSHINGHAM RD UNIT B LARGO, FL 33774</b>				7. Name and Address of New Registered Agent Name <b>Sandra Hall</b> Street <b>2601 Chelsea Manor Blvd.</b> <b>Brandon</b> State <b>FL</b> Zip Code <b>33510</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and accepting the obligations of registered agent. I am familiar with, and accept					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P,S CRUZ, JOSE L 3019 N FORBES RD PLANT CITY, FL 33565</b>	<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	<b>VP,T CRUZ, ZAIBUNISSA 3019 N FORBES RD PLANT CITY, FL 33565</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 file information.					
SIGNATURE: <b>Zaibunissa Cruz</b>			Date: <b>1/29/07</b>		
<small>SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			<small>Date Daytime Phone #</small>		



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