2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P03000125930

Entity Name: LAZY "P" NURSERY, INC

Current Principal Place of Business:

124365 HWY 441
LAKE CITY, FL 32025

New Principal Place of Business:

12436 S US HWY 441
LAKE CITY, FL 32025

Current Mailing Address:

124365 HWY 441
LAKE CITY, FL 32025

New Mailing Address:

12436 S US HWY 441
LAKE CITY, FL 32025

FEI Number: 90-0082218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALEY, WILLIAM J
116 NW COLUMBIA AVE
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

ROBINSON, BRUCE W
582 W DUVAL STREET
LAKE CITY, FL 32055 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: BRUCE W. ROBINSON 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BARCIA, PETER
Address: 124365 HWY 441
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete
Name: BARCIA, BETTY
Address: 124365 HWY 441
City-St-Zip: LAKE CITY, FL 32025

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BARCIA, PETER
Address: 12436 S US HWY 441
City-St-Zip: LAKE CITY, FL 32025

Title: D (X) Change ( ) Addition
Name: BARCIA, BETTY
Address: 12436 S US HWY 441
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Change (X) Addition
Name: BASS, MARY C
Address: 12436 S US HWY 441
City-St-Zip: LAKE CITY, FL 32025

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: MARY C. BASS D 04/26/2005
Electronic Signature of Signing Officer or Director Date