04/25/2007 15:01 FAX

APR 25,2007 12:05A LAZY P NURSERY 000-000-0000

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90065 011 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000125930

1. Entity Name
LAZY "P" NURSERY, INC

Principal Place of Business	Mailing Address
12436 S US HWY 441 LAKE CITY, FL 32025	12436 S US HWY 441 LAKE CITY, FL 32025

DO NOT WRITE IN THIS SPACE

04252007 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0082218

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, BRUCE W
582 W DUVAL STREET
LAKE CITY, FL 32055

DO NOT WRITE IN THIS SPACE

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: Bruce W Robinson DATE: 25 April 2007

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUMMERFIELD, MARY B
STREET ADDRESS	12436 S US HWY 441
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	VP
NAME	BARCIA, BETTY
STREET ADDRESS	12436 S US HWY 441
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	SEC
NAME	SUMMERFIELD, MICHAEL D
STREET ADDRESS	12436 S US HWY 441
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Mary B Summerfield 4-25-07 386-397-4800

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Telephone Number