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Secretary of State
01-31-2005 90076 048 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000014624

1. Entity Name
NURSERY 44, INC.

66006697

Principal Place of Business	Mailing Address
~~1255 MASON AVE~~ 3801 E. Highway 44 ~~DAYTONA BEACH, FL 32117~~ Deland, FL 32721	~~1255 MASON AVE~~ 3801 E. Highway 44 ~~DAYTONA BEACH, FL 32117~~ Deland, Fl 32721

01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		750 PELICAN BAY DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DAYTONA BEACH FL	
Zip	Country	Zip 32119	Country VOLUSIA.

4. FEI Number 20-0706733 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Richard K. Churchman, P.A. Certified Public Accountant 1255 Mason Avenue Daytona Beach, FL 32117 Zip Code

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: Richard K Churchman P.A. RICHARD K. CHURCHMAN, P.A. 1-11-05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTTS, HAROLD T 1255 MASON AVE DAYTONA BEACH, FL 32117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTTS, HAROLD T. 750 PELICAN BAY DR DAYTONA BEACH FL 32119	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUTTS, JEANNETTE K 1255 MASON AVE DAYTONA BEACH, FL 32117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD 750 PELICAN BAY DR DAYTONA BEACH, FL 32119	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Harold T. Butts HAROLD T. BUTTS 1/28/05 386-760-0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #