

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016506

FILED
Apr 29, 2007
Secretary of State

Entity Name: CARTER ISLAND NURSERY, INC.

Current Principal Place of Business:

7 WEST MAIN ST STE 1100
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

PO BOX 1765
APOPKA, FL 32704

New Mailing Address:

FEI Number: 59-3781747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEEKLEY, RODNEY A
14923 CHESTNUT LN
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: WEEKLEY, RODNEY A
Address: 15923 CHESTNUT LN
City-St-Zip: TAVARES, FL 32778

Title: VS () Delete
Name: SCHAEFER, GARY M
Address: 335 AMESBURY CT
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARY M. SCHAEFER

VS

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date