
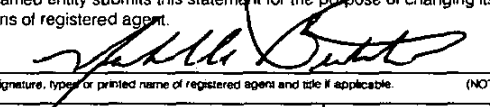



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90376 005 ***150.00

DOCUMENT # P04000046753 1. Entity Name HART N HART NURSERY, INC.					
Principal Place of Business 1 BEN STREET OKEECHOBEE, FL 34974			Mailing Address 1 BEN STREET OKEECHOBEE, FL 34974		
2. Principal Place of Business 17298 66th Court N		3. Mailing Address 17298 66th Court N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Loxahatchee, FL		City & State Loxahatchee, FL		4. FEI Number 51-0503716	
Zip 33470		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINSTEIN, SETH T ESQ. 11440 OKEECHOBEE BOULEVARD SUITE 104 ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name Michelle S. Bertolini Esquire Street Address (P.O. Box Number is Not Acceptable) 3720 Coconut Creek Parkway # Suite D City Coconut Creek FL Zip Code 33066			
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  DATE 2/23/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD HART, MIKE 123 SUNFLOWER STREET ROYAL PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	17298 66th Court N. Loxahatchee, FL 33470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HART, RAINE 123 SUNFLOWER STREET ROYAL PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	17298 66th Court N. Loxahatchee, FL 33470	
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 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: 			Date 4/20/06 Daytime Phone # 561-662-2277		