2006 FOR PROFIT CORPORATION · ANNUAL REPORT

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

DOCUMENT # P0400057711 1. Entity Name PALM DEPOT & GARDEN CENTER, INC.									418 029 ***150.	.00
Principal Plac	e of Business	Mailing Address				4.0	059	959		
200 GRAVES RD.		200 GRAVES RD.				41	ในขอ	00-		
FT. PIERCE, FL 34945		FT. PIERCE, FL 34945								
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2. Principal P	lace of Business	3. Mailing Address							15101 1710 1631 13 1 31 1111 1	
Suite, Apt.	# etc	Suite, Apt. #, etc.						_		
Callet The	#1 010.	Const, An all stor				04062006	Chg	-P	CR2E034 (11/05))
City & Stat	θ	City & State				4. FEI Numb	er er		_ A	pplied For
						20-104	9702		N	lot Applicable
Zip	Country	Žip	Coun	itry		5. Certificate	of Status	Desired	□ \$8.75 Ad	
	C. Name and Address of Comm		<u></u>			7 Name and	1 4 4 4 4 4 4 4	of Name Day	Fee Require	ed
	6. Name and Address of Curre	nt Registered Agent		Name		/. Name and	Address	OT NEW Ket	gistered Agent	
NELSON, HOWARD JR.						_				
4326 SW I	EIGHTON FARM AVE.			Street Address (P 200 Gran		O. Box Numb	er is Not A	cceptable)		
PALM CIT	Y, FL 34990				<u> </u>					
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	•			City Ft. Pierce Ft. pierce Ft. Pierce Full diffice or registered agent or both in the State of Florida. La			FL HARA	ge ⊃		
	named entity submits this statement ions of registered agent.	for the purpose of changing its	s register	ed office or	registere	ed agent, or bo	th, in the S	State of Florid	da. I am familiar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered age	ant and title if applicable. (NO	FE: Registere	d Agent signatu	re required	when reinstating)			DATE	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Con	-	ncing		00 May Be				
10.		D DIRECTORS	11.			ADDITIONS,	CHANGE	S TO OFFIC	ERS AND DIRECTOR	S IN 11
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NAME	NELSON, HOWARD JR.	.r=	NAM	E ET ADDRESS	200	Graves	Road			
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12. I hereby certify that the information supplied with this filing does not quality 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 chapter 607 or an an attachment with an address, with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR

Howard nelson Jr

4/14/06

772 - 2/5 - 2552