2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078847

FILED Jul 14, 2005 Secretary of State

Entity Name: ISLAND	ER LANDSCAPING & NURSER	RY INC		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
17192 HIGHWAY 331 S FREEPORT, FL 32439				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
17192 HIGHWAY 331 S FREEPORT, FL 32439				
FEI Number: 20-1227761	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
THOMPSON, BETTI-AN 17192 HWY 331 S FREEPORT, FL 32439				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electro	onic Signature of Registered Age	ent	Date	
	93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: V (Name: THOMPSON, Address: 17192 HWY 3 City-St-Zip: FREEPORT, I	331 S	Title: PRES Name: THOMPSON Address: 17192 HWY City-St-Zip: FREEPORT,	331 S	

() Change () Addition

() Delete Title: THOMPSON, BETTI-ANN Name: Name: Address: 17192 HWY 331 S Address: FREEPORT, FL 32439 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDRE THOMPSON **PRES** 07/14/2005