2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P05000061889

Entity Name: FLAGLER COUNTY WHOLESALE NURSERY, INC.

Current Principal Place of Business:

2970 HARTLEY ROAD
SUITE 302
JACKSONVILLE, FL 32257

New Principal Place of Business:

9150-4 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256

Current Mailing Address:

2970 HARTLEY ROAD
SUITE 302
JACKSONVILLE, FL 32257

New Mailing Address:

9150-4 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256

FEI Number: 20-2743938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKINNER, RUSSELL R
2970 HARTLEY ROAD
SUITE 302
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

SKINNER, RUSSELL R
9150-4 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256 US

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: _____ 04/24/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SKINNER, RUSSELL R
Address: 2970 HARTLEY ROAD, SUITE 302
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: SKINNER, BRYANT B JR
Address: 2970 HARTLEY ROAD, SUITE 302
City-St-Zip: JACKSONVILLE, FL 32257

Title: CFO ( ) Delete
Name: DUMOND, DONALD M
Address: 2970 HARTLEY ROAD #302
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SKINNER, RUSSELL R
Address: 9150-4 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change ( ) Addition
Name: SKINNER, BRYANT B JR
Address: 9150-4 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: CFO (X) Change ( ) Addition
Name: DUMOND, DONALD M
Address: 9150-4 PHILIPS HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32256

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: DONALD M DUMOND CFO 04/24/2008
Electronic Signature of Signing Officer or Director — Date