2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2007
Secretary of State

DOCUMENT# P06000115662

Entity Name: HAMMOCK GARDENS NURSERY, INC.

Current Principal Place of Business:

5208 N OCEANSHORE BLVD
PALM COAST, FL 321373209

New Principal Place of Business:

Current Mailing Address:

5208 N OCEANSHORE BLVD
PALM COAST, FL 321373209

New Mailing Address:

FEI Number: 06-1791260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONSECA, MICHAEL
42 PACIFIC DR
PALM COAST, FL 32164 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FONSECA, MICHAEL
Address: 42 PACIFIC DR
City-St-Zip: PALM COAST, FL 32164

Title: VP ( ) Delete
Name: REGINA, DOMINICK
Address: 4 MEDFORD DR
City-St-Zip: PALM COAST, FL 32137

Title: S ( ) Delete
Name: REGINA, JANINE
Address: 42 PACOFOC DR
City-St-Zip: PALM COAST, FL 32164

Title: T ( ) Delete
Name: REGINA, THERESA
Address: 4 MEDFORD DR
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: THERESA REGINA TRES 05/20/2007

Electronic Signature of Signing Officer or Director Date