


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90037 005 ***150.00

DOCUMENT # P06000123187

1. Entity Name
TREADWAY'S NURSERY, INC.



40053772

Principal Place of Business
**3142 JULIA CT
 LAKELAND, FL 33810**

Mailing Address
**3142 JULIA CT
 LAKELAND, FL 33810**



2. Principal Place of Business - No P.O. Box #
2920 K.O. Boulevard

3. Mailing Address
2920 K.O. Boulevard

Suite, Apt. #, etc.

03202008 Chg-P CR2E034 (12/06)

City & State
Lakeland, FL

City & State
Lakeland, FL

Zip
33809

Country
U.S.A.

4. FEI Number
45-0543694

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**TREADWAY, MARK
 3142 JULIA CT
 LAKELAND, FL 33810**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Mark Treadway

Street Address (P.O. Box Number is Not Acceptable)
2920 K.O. Boulevard

City
Lakeland, FL

Zip Code
33809

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P NAME TREADWAY, MARK STREET ADDRESS 3142 JULIA CT CITY-ST-ZIP LAKELAND, FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President NAME Mark Treadway STREET ADDRESS 2920 K.O. Boulevard CITY-ST-ZIP Lakeland, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 lines empowered.

SIGNATURE: Mark Treadway **3/20/08 863-860-7301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #