2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2007
Secretary of State

DOCUMENT# P93000085417

Entity Name: STONE MOUNTAIN NURSERY, INC.

Current Principal Place of Business:

27853 STONE MOUNTAIN RD
YAHALA, FL 34797 US

New Principal Place of Business:

27853 STONE MOUNTAIN RD
YALAHA, FL 34797 US

Current Mailing Address:

27853 STONE MOUNTIAN RD
YAHALA, FL 34797 US

New Mailing Address:

27853 STONE MOUNTAIN RD
YALAHA, FL 34797 US

FEI Number: 59-3216216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWARE, JAMES F JR.
6739 LAKEVIEW DRIVE
YALAHA, FL 32797 US

Name and Address of New Registered Agent:

LEWARE, JAMES F JR.
27853 STONE MOUNTAIN ROAD
YALAHA, FL 32797 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: JAMES F. LEWARE, JR. 04/15/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: LEWARE, JAMES F JR.
Address: 6739 LAKEVIEW DRIVE
City-St-Zip: YALAHA, FL 32797

Title: VSD ( ) Delete
Name: LEWARE, SCOTT M
Address: 6945 LAKEVIEW DRIVE
City-St-Zip: YALAHA, FL 34797

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: LEWARE, JAMES F JR.
Address: 27853 STONE MOUNTAIN ROAD
City-St-Zip: YALAHA, FL 32797

Title: VSD (X) Change ( ) Addition
Name: LEWARE, SCOTT M
Address: 27853 STONE MOUNTAIN ROAD
City-St-Zip: YALAHA, FL 34797

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES F. LEWARE, JR. PRES 04/15/2007
Electronic Signature of Signing Officer or Director Date