


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000064608
1. Entity Name
CIALONE NURSERY, INC.



Principal Place of Business
10267 WEST TARA BLVD
BOYNTON BEACH, FL 33437

Mailing Address
10267 WEST TARA BLVD
BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FET Number
65-0518606

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PERRY, MARK A
50 S.E. 4TH AVE.
DELRAY BEACH, FL 33483

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1100000387677
01/19/06-80047-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST-ZIP	PD CIALONE, JOSEPH C 10267 WEST TARA BLVD BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY ST-ZIP	VSTD CIALONE, JOSEPH 7368 WATER DANCE WAY LAKE WORTH, FL 33467
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IN THIS SPACE**

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 like empowered

SIGNATURE: Joseph Cialone Date: 1-11-06 Daytime Phone #: 561-734-1430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR