


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90261 003 ***158.75

DOCUMENT # P95000055898	
1. Entity Name PERRY'S NURSERY, INC.	

Principal Place of Business 4305 46TH AVENUE NORTH SAINT PETERSBURG, FL 33714-2901 US	Mailing Address PO BOX 60575 ST. PETERSBURG, FL 33784 US
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DO NOT WRITE IN THIS SPACE



01162005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3327213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

OWSLEY, KENNETH
4305 46TH AVENUE NORTH
SAINT PETERSBURG, FL 33714-2901
Victor Owsley
4305 46th Ave North
St. Petersburg FL 33714

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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 *Victor Owsley* *Victor Owsley* **3-1-05**
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWSLEY, VICTOR C 4305 46TH AVE NO. SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OWSLEY, VICTOR C 25235 NE 33RD PLACE SALT SPRINGS, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Victor Owsley Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #