FILED
Jan 20, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000055898

1. Entity Name
PERRY'S NURSERY, INC.

Principal Place of Business	Mailing Address
4305 46TH AVENUE NORTH SAINT PETERSBURG, FL 33714-2901 US	PO BOX 60575 ST. PETERSBURG, FL 33784 US

U00000391278
01/24/06-80035-014 150.00

DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3327213
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OWSLEY, VICTOR
4305 46TH AVENUE NORTH
SAINT 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OWSLEY, VICTOR C
STREET ADDRESS	4305 46TH AVE NO.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	VPD
NAME	OWSLEY, VICTOR C
STREET ADDRESS	25235 NE 33RD PLACE
CITY-ST-ZIP	SALT SPRINGS, FL 32134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: Victor Owsley Victor Owsley Pres. 1-14-06 727-525-5914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #