2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL	REPORT (AR	<u>}</u>	Jan 27, 2006 08:00 AM
DOCU 1. Entity Nam	MENT # P95000068	3550	a contraction of the contraction	Secretary of State
IVY LANE	E NURSERY, INC.			
Principal Place of Business		Mailing Address		
808 E 10TH ST APOPKA FL 32703		808 E 10TH ST APOPKA FL 32703		
2. Principal Place of Business		3. Mailing Address		C (METICES) IN (MINE SUIT SENT SENT SENT SENT SENTE SUID) SENTE SUID SENTES IN 1889
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-3334340 Applied Full Not Applied
Zip	Country	Z ip	Country	5. Certificate of Status Desired
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent
TUOMAS SESSOE A			Name	
THOMAS, GEORGE A 808 E 10TH ST APOPKA FL 32703			Street Address (P.O. Box Number is Not Accepteble)
			City	FL Zip Code
	named entity submits this statementions of registered agent.	nt for the purpose of changing its	registered affice or register	red agent, or both, in the State of Florida. I am familiar with, and acc
SIGNATURE	Signature, typed or printed name of registered a	Alexander of the second of the	Registered Agent signature required	d when (quistation) DATE
	5	e antiferent or different		S Miles (1945) (Bullet)
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550 k Payable to Florida Departmen	.00		9. Election Campaign Financing \$5.00 May Trust Fund Contribution.
10.	2 1 2 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17
MLE	PD	☐ Delete	TITLE	☐ Change ☐ A.
NAME	THOMAS, GEORGE A	——————————————————————————————————————	NAME	
STREET ADDRESS CITY-ST-ZIP	808 E 10TH ST APOPKA FL 32703	•	STREET AODRESS CITY-ST-ZIP	U000004 04882 02/07/106-8001 8-0 16_150.00
TITLE	STD	☐ Delete	TITLE	
NAME	THOMAS, SANDRA		NAME	
STREET ADDRESS	808 E 10TH ST.	•	STREET ADURESS	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	☐ Change ☐ Au
tite f Name		☐ Delei#	TITLE NAME	☐ Change ☐ Ad-1
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Add
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ A:
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ACORESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME		Duiqu	NAME	
STREET ADDRESS			STREET ADORESS	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction of the corporation or the repelver 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.

Sandra K. Thomas

1-23-06 407-886-8390