

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082300

FILED  
May 03, 2006  
Secretary of State

Entity Name: OUTBACK NURSERIES, INC.

## Current Principal Place of Business:

160 WILLIAMS ROAD  
LAKE PLACID, FL 33852 US

## New Principal Place of Business:

## Current Mailing Address:

509 LAKE BLUE DRIVE  
LAKE PLACID, FL 33852 US

## New Mailing Address:

FEI Number: 65-0629956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERRY, MARK A  
50 S.E. FOURTH AVE  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RAIMONDI, MICHAEL J  
Address: 509 LAKE BLUE DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: ST ( ) Delete  
Name: RAIMONDI, DELORES A  
Address: 509 LAKE BLUE DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DELORES A. RAIMONDI

ST

05/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date