


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000083596

1. Entity Name
REEDY CREEK NURSERY, INC.



Principal Place of Business
123 REEDY CREEK DR.
FROSTPROOF, FL 33843

Mailing Address
P.O. BOX 572
FROSTPROOF, FL 33843



02262005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3355891

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCARTER, STEVE R
123 REEDY CREEK DR.
FROSTPROOF, FL 33843

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTER, STEVE R 443 N. CROOKED LAKE DR. BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTER, NANCY J 443 N. CROOKED LAKE DR. BABSON PARK, FL 33827
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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: Steve McCarter 2-25-05 863-635-527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____