

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000000180**

1. Entity Name

EMERALD HILL NURSERY, INC.



Principal Place of Business

1907 NORTH HAWK GRIFFIN ROAD  
PLANT CITY, FL 33565

Mailing Address

1907 NORTH HAWK GRIFFIN ROAD  
PLANT CITY, FL 33565



01092006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3357381

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAGGARD, JAMES B  
1907 N HAWK GRIFFIN ROAD  
PLANT CITY, FL 33565

**DO NOT WRITE  
IN THIS SPACE**

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

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, 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 D  
NAME HAGGARD, JAMES B  
STREET ADDRESS 1907 N. HAWK GRIFFIN RD  
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE D  
NAME HAGGARD, PATRICIA A  
STREET ADDRESS 1907 N HAWK GRIFFIN RD  
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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01/13/06-80017-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*James B Haggard* James B Haggard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-06 813-284-4751

Date

Daytime Phone #