2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 06, 2005 08:00 AM Secretary of State DOCUMENT # P96000007671 LIVING FOSSIL NURSERY, INC. Principal Place of Business Mailing Address 40410 COUNTY RD. 452 40410 COUNTY RD. 452 LEESBURG, FL 34788 LEESBÜRG, FL 34788 01032005 No Chq-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0653412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, L.E. DO NOT WRITE 1029 W. MAGNOLIA ST. LEESBURG, FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE BRANDT, FRANK A NAME STREET ADDRESS 40410 COUNTY RD, 452 U00000172677 01/06/05-80006-018 150.00 CITY - ST - ZIP LEESBURG, FL TILLE BARBER, LARRY R NAME STREET ADDRESS 344 DONNA LANE FAIRVIEW, NC 28730 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-SE-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 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 C07, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all-officer like empowered

FILED