


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000066935</b> 1. Entity Name PAT'S NURSERY, INC.	
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Principal Place of Business 7060 HWY 17 GREEN COVE SPRINGS, FL 32043 US	Mailing Address 2628 SANDLEWOOD CIRCLE ORANGE PARK, FL 32065
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**DO NOT WRITE IN THIS SPACE**



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3405407	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  STUCKEY, CURTIS P. 2628 SANDLEWOOD CIR ORANGE PARK, FL 32065	<b>DO NOT WRITE IN THIS SPACE</b>
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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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STUCKEY, CURTIS P 2628 SANDLEWOOD CIRCLE ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPFS STUCKEY, LINDA D. 2628 SANDLEWOOD CIR ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STUCKEY, ALAN B. 534 LAUREL GROVE LANE ORANGE PARK, FL 32043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STUCKEY, CHARLES L. 6731 PETER PAN PLACE JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**DO NOT WRITE  
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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:** *Linda D. Stuckey* *2/7/05* *(904) 284-2011*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #