


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000066935</b>	
1. Entity Name <b>PAT'S NURSERY, INC.</b>	

Principal Place of Business <b>7060 HWY 17 GREEN COVE SPRINGS, FL 32043 US</b>	Mailing Address <b>2628 SANDLEWOOD CIRCLE ORANGE PARK, FL 32065</b>
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01212006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3405407**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  <b>STUCKEY, CURTIS P. 2628 SANDLEWOOD CIR ORANGE PARK, FL 32065</b>
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**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 \_\_\_\_\_ (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 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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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03/09/06 80014-025 158.75

**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: Linda D. Stuckey 2-21-06 904-2763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_