

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000081484

FILED
Mar 08, 2005
Secretary of State

Entity Name: FLORIDA-GEORGIA NURSERY, INC.

Current Principal Place of Business:

2104 NW US HWY 41
JENNINGS, FL 32053 US

New Principal Place of Business:

Current Mailing Address:

2104 NW US HWY 41
JENNINGS, FL 32053 US

New Mailing Address:

FEI Number: 59-3406467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, WILLIAM H III
COBB, COLE & BELL
131 NORTH GADSDEN ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COGGINS, FELTON
Address: 1962 CULPEPPER RD.
City-St-Zip: LAKE PARK, GA 31636

Title: D () Delete
Name: REYNOLDS, TOM
Address: 6875 NW 19TH TRL
City-St-Zip: JENNINGS, FL 32053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM REYNOLDS

D

03/08/2005

Electronic Signature of Signing Officer or Director

Date