2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099580

Entity Name: PLANT CITY NURSERY, INC.

SAINT PETERSBURG, FL 33713

City-St-Zip:

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
214 87TH AV NE SAINT PETERSBURG, FL 33702			2850 58TH AVE N SAINT PETERSBURG	2850 58TH AVE N SAINT PETERSBURG, FL 33714	
Current M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
214 87TH AV NE SAINT PETERSBURG, FL 33702			2850 58TH AVE N SAINT PETERSBURG	2850 58TH AVE N SAINT PETERSBURG, FL 33714	
FEI Number:	: 59-3484399	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
The above in the State	AV NE TERSBURG, F named entity e of Florida.		purpose of changing its registere	d office or registered agent, or both,	
SIGNATU		-i- 0i		Data	
Election Car		nic Signature of Registered Aq g Trust Fund Contribution ().	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SOPKO, DANIE 214 87TH AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP (WALTERS, JO 1776 40TH AVI		Title: Name: Address:	() Change () Addition	

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: DANIEL F SOPKO P 04/14/2005