2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# P97000099784

Entity Name: PREMIER NURSERIES, INC.

Current Principal Place of Business:

11470 STAR RD.
BROOKSVILLE, FL 34613

New Principal Place of Business:

19825 OLD TRILBY ROAD
DADE CITY, FL 33523

Current Mailing Address:

11470 STAR RD.
BROOKSVILLE, FL 34613

New Mailing Address:

19825 OLD TRILBY ROAD
DADE CITY, FL 33523

FEI Number: 59-3479265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKMAN, GARY
11470 STAR RD.
BROOKSVILLE, FL 34613 US

Name and Address of New Registered Agent:

HICKMAN, GARY
19825 OLD TRILBY ROAD
DADE CITY, FL 33523 US

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: 01/11/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HICKMAN, GARY
Address: 11470 STAR RD.
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HICKMAN, GARY
Address: 19825 OLD TRILBY ROAD
City-St-Zip: DADE CITY, FL 33523

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GARY HICKMAN D 01/11/2006
Electronic Signature of Signing Officer or Director — Date