

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90365 016 \*\*\*158.75

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04132005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P98000001097</b>					
1. Entity Name TAYLOR'S NURSERY, INC.					
Principal Place of Business 96194 LIGHT WIND DR FERNANDINA BEACH, FL 32034			Mailing Address 96194 LIGHT WIND DR FERNANDINA BEACH, FL 32034		
2. Principal Place of Business 3773 Laura Chapel Rd. Suite, Apt. #, etc.			3. Mailing Address 85624 Phillips Road Suite, Apt. #, etc.		
City & State Patterson, Georgia Zip 31567 Country Pierce		City & State Yulee, Florida Zip 32097 Country Nassau		4. FEI Number 59-3484817 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent TAYLOR, BARBARA T 96194 LIGHT WIND DR FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 85624 Phillips Road City, Yulee FL Zip Code 32097		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD TAYLOR, BARBARA T 96194 LIGHT WIND DR FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	85624 Phillips Road Yulee, Fla. 32097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, DANNY J 96194 LIGHT WIND DR FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	85624 Phillips Road Yulee, Fla. 32097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Barbara T. Taylor</u>			April 14, 2005 904-225-5922		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		