2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 10, 2006 08:00 AN Secretary of State

DOCUMENT # P98000043403 1. Entity Name TAYLOR TREE NURSERY, INC.					Secreta	ry of Sta	
Principal Plac		Mailing Address					
TAMPA, FL 3	KLIN ST - 20TH FLOOR 33602	PO BOX 1531 TAMPA, FL 33601	-	,			
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	O NOT WRITE	INI TUIC CDA		07052006	No Chg-P	CR2E034 (1	1/05)
				4. FEI Numbe 59-351			Applied For Not Applicable
				5. Certificate	of Status Desired	□ \$8.7	75 Additional Required
	6. Name and Address of Current R	egistered Agent				F 1	
TAYLOR, WILLIAM B IV. 201 N FRANKLIN ST, STE 2000 ONE TAMPA CITY CENTER TAMPA, FL 33602				િકે જે પ્રોતાઓએકો _{ના}	NOT V HIS S	tagget for a safficial con-	
	named entity submits this statement for t	ne purpose of changing its register	ed office or register	red agent, or both	h, in the State of F	Florida. I am familia	ar with, and accept
	tions of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered							
	Signature, typed or printed name of registered agent and	f title if applicable, (NOTE: Register)	rd Agent signature required	d when reinstating)		DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	9. Election Campaign Fina Trust Fund Contribution.	ncing\$5	.00 May Be led to Fees	In accordance corporation di	e with s. 607.193(id not receive the	(2)(b), F.S., the prior notice.
10.	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006 OFFICERS AND D	Election Campaign Fina Trust Fund Contribution.	ncing\$5	.00 Мау Ве	In accordance corporation di	with s. 607.193	(2)(b), F.S., the prior notice.
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12. Thereby certify the the information supplied with this filing does not qualify for the exemptions contained in Chanter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as impade under oath; that I am an officer or director of the corporation or the receiver of trustee and powered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME DE SIGNING OFFICER OR DIRECTOR

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Onto

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