

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000105824</b>	
1. Entity Name <b>BUCKHORN NURSERY, INC.</b>	
Principal Place of Business <b>475 LAMBERT RD. ZOLFO SPRINGS, FL 33890</b>	Mailing Address <b>475 LAMBERT RD. ZOLFO SPRINGS, FL 33890</b>



03172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0885030</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>LAMBERT, RONALD B 475 LAMBERT RD. WAUCHULA, FL 33873</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000865406 04/07/08-80027-013 150.00</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAMBERT, RONALD B 475 LAMBERT RD. WAUCHULA, FL 33873</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LAMBERT, MARGARET D 475 LAMBERT RD. WAUCHULA, FL 33873</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LAMBERT, RONALD P 514 BOYD COWART RD. WAUCHULA, FL 33873</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LAMBERT, HAROLD A 715 BOYD COWART RD. WAUCHULA, FL 33873</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LAMBERT, BRIAN SCOTT 1842 ODEN RD. WAUCHULA, FL 33873</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/17/08 863 773 6662**  
Date Daytime Phone #