

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020516

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: FLORIDA NATIVES NURSERY, INC.

## Current Principal Place of Business:

17711 LIVINGSTON AVE  
LUTZ, FL 33559

## New Principal Place of Business:

1801 WILLIAMS ROAD  
PLANT CITY, FL 33565

## Current Mailing Address:

17711 LIVINGSTON AVE  
LUTZ, FL 33559

## New Mailing Address:

1801 WILLIAMS ROAD  
PLANT CITY, FL 33565

FEI Number: 59-3561539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MERADITH, REGINA M  
17711 LIVINGSTON AVE  
LUTZ, FL 33559 US

## Name and Address of New Registered Agent:

MERADITH, REGINA M  
1801 WILLIAMS ROAD  
PLANT CITY, FL 33565 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: REGINA M. MERADITH

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MILAM, LAURIE R  
Address: 17711 LIVINGSTON AVE  
City-St-Zip: LUTZ, FL 33559

Title: VP ( ) Delete  
Name: CAPPARELLI, BRIAN  
Address: 17711 LIVINGSTON AVE  
City-St-Zip: LUTZ, FL 33559

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MILAM, LAURIE R  
Address: 1801 WILLIAMS ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: VP (X) Change ( ) Addition  
Name: CAPPARELLI, BRIAN  
Address: 1801 WILLIAMS ROAD  
City-St-Zip: PLANT CITY, FL 33565

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: LAURIE R. MILAM

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date