FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90182 045 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000020516

1. Entity Name
FLORIDA NATIVES NURSERY, INC.

Principal Place of Business	Mailing Address
1801 WILLIAMS ROAD PLANT CITY, FL 33565	1801 WILLIAMS ROAD PLANT CITY, FL 33565

01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4115 Native Garden Drive	4115 Native Garden Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plant City, Florida	City & State: Plant City, Florida
Zip: 33565 Country: USA	Zip: 33565 Country: USA

4. FEI Number: 59-3561539 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P MILAM, LAURIE R 1801 WILLIAMS ROAD PLANT CITY, FL 33565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Milam, Laurie R 4115 Native Garden DRive Plant City, FL 33565	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAPPARELLI, BRIAN 1801 WILLIAMS ROAD PLANT CITY, FL 33565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Capparelli, Brian 4115 Native Garden Drive Plant City, FL 33565	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 1/12/2007 813)754-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #