(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





100056425991

07/11/05--01009--002 **35.00

officer Resignation

T BROWN JUL 1 3 2005

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations				
SUB.	ECT: Spencer's Nursery, Inc.				
	(Name of Corporation)				
DOC	UMENT NUMBER: P99000085089				
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filin				
Please	e return all correspondence concerning this matter to the following:				
Mich	nael Spencer				
	(Name of Person)				
Spe	ncer's Nursery, Inc.				
	(Name of Firm/Company)				
334	5 Henry J Av				
	(Address)				
St. 0	Cloud, FL 34772-8017				
	(City/State and Zip Code)				
For fi	orther information concerning this matter, please call:				
Kym	oerly Spencer at (407) 892-1854 (Name of Person) (Area Code & Daytime Telephone Number)				
	(Name of Person) (Area Code & Daytime Telephone Number)				
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.				
Amen Divisi P.O. I	mg Address: dment Section on of Corporations Ox 6327 assee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399				

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

OS JUL 11 PH 1:57
TALLAHASSEE, FLORIDA

I. Lonnie Spencer	, hereby resign as	Vice President
		(Title)
of Spencer's Nursery Inc.		
	of Corporation)	
P99000085089 (Document Number, if known)	_, a corporation organized un	der the laws of the State of
Florida	 _•	

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314