

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085089

Entity Name: SPENCER'S NURSERY INC.

FILED  
Jan 25, 2006  
Secretary of State

## Current Principal Place of Business:

3345 HENRY J AVE.  
ST. CLOUD, FL 34772

## New Principal Place of Business:

## Current Mailing Address:

3345 HENRY J AVE.  
ST. CLOUD, FL 34772

## New Mailing Address:

FEI Number: 59-3598310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPENCER, MICHAEL  
3345 HENRY J AVE.  
ST. CLOUD, FL 34772 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SPENCER, MICHAEL  
Address: 3345 HENRY J. AVE  
City-St-Zip: SAINT CLOUD, FL 34772

Title: SEC ( ) Delete  
Name: STEVENS, JACK MR.  
Address: 984 N.W. 115 DR  
City-St-Zip: OKEECHOBEE, FL 34972

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL SPENCER

PRES

01/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date