


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S76480</b> 1. Entity Name <b>MUELLERS EAGLE PASS NURSERY, INC.</b>	
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Principal Place of Business <b>1900 EAGLE PASS RD OVIEDO, FL 32765</b>	Mailing Address <b>1900 EAGLE PASS RD OVIEDO, FL 32765</b>
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**DO NOT WRITE IN THIS SPACE**



08152006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3074693</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
**MUELLER, RUDOLF O.  
1900 EAGLE PASS ROAD  
OVIEDO, FL 32765**

**DO NOT WRITE IN THIS SPACE**

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

U000000574729  
08/18/06-80005-008 150.00

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS MUELLER, RUDOLF O 811 DEBBY DRIVE CASSELBERRY, FL 32707
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**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: *R. Mueller* R. MUELLER 8/15/2006 407 365 1549  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #