2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# V39829

Entity Name: SAND RIDGE NURSERY, INC.

Current Principal Place of Business:

3520 MOUNT PISGAH ROAD
FORT MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

3520 MOUNT PISGAH ROAD
FORT MEADE, FL 33841

New Mailing Address:

FEI Number: 65-0347382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUTNEL, CLIFFORD WAYNE
3520 MOUTN PISGAH ROAD
FORT MEADE, FL 33841 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: D ( ) Delete
Name: PUTNEL, CLIFFORD WAY, NE
Address: 3520 MT. PISGAH ROAD
City-St-Zip: FORT MEADE, FL 33841 US

Title: ST ( ) Delete
Name: PUTNEL, EDITH
Address: 3520 MT PISGAH RD
City-St-Zip: FT NEADE, FL 33841 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change ( ) Addition
Name: PUTNEL, EDITH
Address: 3520 MT PISGAH RD
City-St-Zip: FT MEADE, FL 33841 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLIFFORD WAYNE PUTNEL PRES 03/11/2005

Electronic Signature of Signing Officer or Director — Date