

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H35457

FILED
Jan 14, 2005
Secretary of State

Entity Name: HART'S PLANT NURSERY, INC.

Current Principal Place of Business:

% CLYDE A. GARRISON
1404 BLAIR ROAD
JACKSONVILLE, FL 32221

New Principal Place of Business:

1404 BLAIR ROAD
JACKSONVILLE, FL 32221

Current Mailing Address:

137 ROSCOE BLVD N
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

4656 TUNIS STREET
JACKSONVILLE, FL 32205 US

FEI Number: 59-2474873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRISON, CLYDE A.
137 ROSCOE BLVD N
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

FULLER, BARRY J ATTY
2301-404 PARK AVE
ORANGE PARK, FL 32073 US

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: BARRY J. FULLER

01/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: GARBEN, MARSHIA L
Address: 4656 TUNIS STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: V.P. () Change (X) Addition
Name: GARBEN, TIMOTHY M
Address: 4656 TUNIS STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: SEC () Change (X) Addition
Name: GARBEN, TIMOTHY M
Address: 4656 TUNIS STREET
City-St-Zip: JACKSONVILLE, FL 32205 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: TIMOTHY M. GARBEN

V.P.

01/14/2005

Electronic Signature of Signing Officer or Director

Date