

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90173 027 ***150.00

DOCUMENT # F00000001301
1. Entity Name
NURSERY SUPPLIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1415 ORCHARD DRIVE Suite, Apt. #, etc.	3. Mailing Address 1415 ORCHARD DRIVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State CHAMBERSBURG, PA	City & State CHAMBERSBURG, PA	4. FEI Number 22-1801978	Applied For Not Applicable
Zip 17201	Country	Zip 17201	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CANDAICE NORWOOD**

Street Address (P.O. Box Number is Not Acceptable)
2050 AVENUE "A"

City **KISSIMMEE** FL Zip Code **34758**

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE S/D NAME GUARRIELLO, THEODORE JR. STREET ADDRESS P.O. BOX 299 CITY-ST-ZIP BOYCE, VA 22620	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE C/D NAME GUARRIELLO, HENRY SR. STREET ADDRESS 373 CRAIG ROAD CITY-ST-ZIP GREENCASTLE, PA 17225	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V NAME GUARRIELLO, THEODORE J. III STREET ADDRESS 1372 SPRINGSIDE DRIVE WEST CITY-ST-ZIP CHAMBERSBURG, PA 17201	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME CURRAN, LARRY D. STREET ADDRESS 1415 ORCHARD DRIVE CITY-ST-ZIP CHAMBERSBURG, PA 17201	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Larry Curran CFO 4-29-04 717-263-7780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)