


**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90509 001 \*\*\*158.75

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # F00000001301</b> 1. Entity Name <b>NURSERY SUPPLIES, INC.</b>					
Principal Place of Business <b>1415 ORCHARD DRIVE          CHAMBERSBURG, PA 17201</b>		Mailing Address <b>1415 ORCHARD DRIVE          CHAMBERSBURG, PA 17201</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>22-1801978</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>CR2E034 (10/03)</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>NORWOOD, CANDACE          2050 AVE A          KISSIMMEE, FL 34758</b>		7. Name and Address of New Registered Agent Name <b>DAVID L. WILKOSZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>2050 AVENUE A</b> City <b>KISSIMMEE FL 34758</b>			
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: <u>David Wilkosz</u> <i>David Wilkosz Plant controller 4-26-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GUARRIELLO, THEODORE</b> <b>PO BOX 299</b> <b>BOYCE, VA 22620</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>GUARRIELLO, HENRY SR.</b> <b>373 CRAIG RD</b> <b>GREENCASTLE, PA 17225</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GUARRIELLO, THEODORE J III</b> <b>1372 SPRINGSIDE DR WEST</b> <b>CHAMBERSBURG, PA 17201</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CURRAN, LARRY D</b> <b>1415 ORCHARD DR</b> <b>CHAMBERSBURG, PA 17201</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE: <u>Larry Curran</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Larry Curran, CEO</b>		<b>4/28/2005</b> <small>Date</small>	<b>717-263-7780</b> <small>Daytime Phone #</small>