2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # 014018

1. Entity Name
MELROSE NURSERY, INC.

Principal Place of Business	Mailing Address
26100 SW 112 AVE HOMESTEAD, FL 33032 US	26100 SW 112 AVE HOMESTEAD, FL 33032 US

01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0356195
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRITZ, JOHN C
10950 SW 27TH ST.
DAVIE, FL 33328

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRITZ, JOHN C
STREET ADDRESS	26100 SW 112 AVE
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	TD
NAME	FRITZ, JOYCE W
STREET ADDRESS	26100 SW 112 AVE
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	SD
NAME	FRITZ, JACK S
STREET ADDRESS	26100 SW 112 AVE
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	TD
NAME	FRITZ, JEFFREY E
STREET ADDRESS	26100 SW 112 AVE
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/08-80035-004 150.00

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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: _____ 1/15/2008 305-258-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN CALVIN FRITZ