

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 238177**

1. Entity Name

O. F. NELSON & SONS NURSERY, INC.



Principal Place of Business

2300 SOUTH SHEELER RD.  
APOPKA, FL 32703

Mailing Address

2300 SOUTH SHEELER RD.  
APOPKA, FL 32703



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-0921771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

NELSON, MARK  
2300 S. SHEELER RD.  
APOPKA, FL 32703

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000090396  
03/17/04-80016-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
NELSON, ELIZABETH  
17017 MARSH RD  
WINTER GARDEN, FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CDT  
NELSON, MARK  
2300 S. SHEELER RD.  
APOPKA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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)(f), 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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 3/15/04 407-886-2111

Date

Daytime Phone #