

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90372 018 \*\*\*150.00

**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



2. Principal Place of Business

3207 CLARCONA Rd  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2569  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Apopka, FL

City & State

Apopka, FL

4. FEI Number

59-0921771

Applied For

Not Applicable

Zip

32703

Country

USA

Zip

32704

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name MARK Nelson

Street Address (P.O. Box Number is Not Acceptable)

3207 CLARCONA

City Apopka

FL

Zip Code 32703

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 X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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, I am empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-05 407-886-3111