


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 510438</b>	
1. Entity Name SPRINGHOUSE NURSERY AND LANDSCAPING COMPANY, INC.	

Principal Place of Business 200 N.W. AVENUE L P.O. BOX 1686 BELLE GLADE, FL 33430	Mailing Address 200 N.W. AVENUE L P.O. BOX 1686 BELLE GLADE, FL 33430
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**DO NOT WRITE IN THIS SPACE**



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1683875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SHIVER, MICHAEL W.  
200 N.W. AVENUE L  
BELLE GLADE, FL 33430

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHIVER, MICHAEL W. 864 FLEMING DR BELLE GADE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHIVER, QUINON C. 301 ROYAL PALM DR., S BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHIVER, QUINON C. 301 ROYAL PALM DR., S BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHIVER, DONALD A. 301 ROYAL PALM DR S BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/25/05-80059-009 150.00

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.

**SIGNATURE:** \_\_\_\_\_ *A-22-05* *561-441-2788*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #