



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90009 007 \*\*\*\*61.25

<b>DOCUMENT # 711242</b> 1. Entity Name <b>FLORIDA NURSERY, GROWERS &amp; LANDSCAPE ASSOCIATION, INC.</b>					
Principal Place of Business <b>1533 PARK CENTER DR ORLANDO, FL 32835 US</b>			Mailing Address <b>1533 PARK CENTER DR ORLANDO, FL 32835 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>59-0702760</b> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01042007    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>BOLUSKY, BENJAMIN C 1533 PARK CENTER DR ORLANDO, FL 32835</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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><i>Benjamin C Bolusky</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.      NOTE: Registered Agent signature required when reinstating.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST SELF, DAVE 3730 161 ST TERR N LOXAHATCHEE, FL 33470</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>INCOMING PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MAHR, CAROLAN 407 A SW 2ND ST CAPE CORAL, FL 33991</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>DP POLOMSKY, PAUL 11110 IMMOKALEE ROAD NAPLES, FL 34120</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D KNOX, MONTY 4349 N. HIAWASSEE ROAD ORLANDO, FL 32818</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DIRECTOR STEIN, SANFORD 6065 SW 133rd ST. MIAMI, FL 33156-7136</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PP KLINGER, BILL 1931 WEST LAKE BRANTLEY ROAD LONGWOOD, FL 32779</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY / TREASURER ROSEMARY WARNER 213 8th AVENUE DSTEEN, FL 32764-0780</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CARROLL, RICHARD 4950 38TH AVE., N. SAINT PETERSBURG, FL 33710</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PAST PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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 <u><i>Rosemary Warner</i></u> Date _____      Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					