


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K04370**  
1. Entity Name  
**SCARBOROUGH RANCH NURSERIES, INC.**



Principal Place of Business      Mailing Address  
**408 S.W. 15TH STREET**      **408 S.W. 15TH STREET**  
**OKEECHOBEE, FL 34974**      **OKEECHOBEE, FL 34974**

**DO NOT WRITE IN THIS SPACE**

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04102005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**65-0025218**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**WIERSMA, TONI J.**  
**408 S.W. 15TH STREET**  
**OKEECHOBEE, FL 34974**

**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 *Toni Jones Wiersma*    *Toni Jones Wiersma*    *4/10/05*  
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, 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	STD WIERSMA, TONI J. 408 S.W. 15TH STREET OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIERSMA, BILL 408 S.W. 15TH ST. OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, DONALD 7740 S. W. 13TH STREET OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/05-80006-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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:** *Toni J. Wiersma*    *Toni J. Wiersma*    *4/10/05*    *697-0489*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #