2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000089508

1. Entity Name
RAILROAD NURSERY, INC.

FILED
06 APR 14 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
17855 SW 248 STREET HOMESTEAD, FL 33031	17855 SW 248 STREET HOMESTEAD, FL 33031

$150.00

01092006 No Chg-P CR2E034 (11/05) 06

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1139664
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUTZKE, BARNEY W JR
17855 SW 248 STREET
HOMESTEAD, FL 33031

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUTZKE, BARNEY W SR.
STREET ADDRESS	17855 SW 248TH STREET
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	VD
NAME	RUTZKE, BARNEY W JR.
STREET ADDRESS	17855 SW 248TH STREET
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	STD
NAME	RUTZKE, TINA M
STREET ADDRESS	17855 SW 248TH STREET
CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300072710153
04/28/06--01029--004 **450.00

DO NOT WRITE IN THIS SPACE

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 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: Barney W. Rutzke Barney W Rutzke Sr. 4/10/06 305-245-4595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B Mitchell APR 19 2006