2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State
03-29-2005 90008 041 ***150.00

DOCUMENT # P03000026728

1. Entity Name
EVERETT NURSERIES, INCORPORATED

Principal Place of Business	Mailing Address
11731 SHAWNEE RD FT MYERS FL 33913	112 FLOYD AVE SOUTH LEHIGH ACRES FL 33971

2. Principal Place of Business	3. Mailing Address
	1413 N.W. Windy Pine Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Arcadia, FL. 34266
Zip / Country	Zip: 34266 Country: Desoto

1st MOORE CR2E034 (10/04)

4. FEI Number 61-1445431 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EVERETT, STEVEN P
112 FLOYD AVE SOUTH
LEHIGH ACRES FL 33971

7. Name and Address of New Registered Agent

Name: Everett, Steven, P
Street Address (P.O. Box Number is Not Acceptable): 1413 N.W. Windy Pine Ave
City: Arcadia FL Zip Code: 34266

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: [signature] DATE: 3-24-05
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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVERETT, STEVEN P 112 FLOYD AVE SOUTH LEHIGH ACRES FL 33971 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Everett, Steven P, 1413 N.W Windy Pine Ave Arcadia FL. 34266 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 like empowered.

SIGNATURE: [signature] 3-24-05 239-340-5860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #