

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 11731 SHAWNEE RD FT MYERS FL 33913	Mailing Address 112 FLOYD AVE SOUTH LEHIGH ACRES FL 33971
--	---



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1413 NW Windy Pine Ave Suite, Apt. #, etc.
City & State	City & State ARCADIA, FL 34266
Zip 34266	Country Desoto

1st MOORE CR2E034 (10/04)

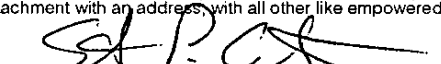
6. Name and Address of Current Registered Agent EVERETT, STEVEN P 112 FLOYD AVE SOUTH LEHIGH ACRES FL 33971	
---	--

7. Name and Address of New Registered Agent Name Everett, Steven P Street Address (P.O. Box Number is Not Acceptable) 1413 NW Windy Pine Ave City ARCADIA FL 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 	DATE 3-24-05

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 NW 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
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
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: 	DATE: 3-24-05	DAYTIME PHONE: 239-340-5860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		