

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 271057 1. Entity Name REINTS BROTHERS NURSERY, INC.	
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Principal Place of Business 511 ELGIN ST. SEBRING, FL 33875	Mailing Address 511 ELGIN ST. SEBRING, FL 33875
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DO NOT WRITE IN THIS SPACE



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1010235	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REINTS, GREG D
511 ELGIN ST.
SEBRING, FL 33872**

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

**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

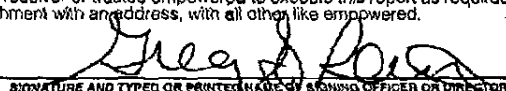
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05/08/06-80047-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINTS, GREG D 511 ELGIN ST. SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS REINTS, ERIC E 27094 PACIFIC TERRACE DR. MISSION VIEJO, CA 92692
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REINTS, JOHN S JR. 137 MASTERS AVE RIVERSIDE, CA 92507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REINTS, EDWARD D 1520 S ROCHELLE DRIVE WINTER HAVEN, FL 338819645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06