

ANNUAL REPORT

DOCUMENT # 275110

1. Entity Name
LANTANA NURSERY & LANDSCAPE COMPANY, INC.



FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90481 004 ***150.00

Principal Place of Business
1612 S. DIXIE HWY.
LAKE WORTH, FL 33460

Mailing Address
2553 SW 10TH CT
BOYNTON BEACH, FL 33426



04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1025873

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

METZ JR, JAMES W
1612 S. DIXIE HWY.
LAKE WORTH, FL 33460

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPT
METZ, JAMES W. JR.
1612 S. DIXIE HWY.
LAKE WORTH, FL 33460

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
JAMES W. METZ III
1612 S. DIXIE HWY.
LAKE WORTH, FL 33460

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
CHARLENE STIMELY
2553 S. W. 10TH CT.
BOYNTON BCH, FL, 33426

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

Charlene Stimely Secretary

4/22/05