

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 275110

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



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

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

DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1025873

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 _____
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, 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	DPT
NAME	METZ, JAMES W. JR.
STREET ADDRESS	1612 S. DIXIE HWY.
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	VD
NAME	JAMES W. METZ III
STREET ADDRESS	1612 S. DIXIE HWY.
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	SD
NAME	CHARLENE STIMELY
STREET ADDRESS	2553 S. W. 10TH CT.
CITY-ST-ZIP	BOYNTON BCH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000559817
05/18/06-80016-001 150.00

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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: *Charlene Stimely, Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/30/06**
Daytime Phone # _____