

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 340851**

1. Entity Name  
**ARCHIE HAMLIN NURSERY, INC.**



Principal Place of Business  
**420 7TH AVENUE N.E.  
P.O. BOX 277  
RUSKIN, FL 33570**

Mailing Address  
**420 7TH AVENUE N.E.  
P.O. BOX 277  
RUSKIN, FL 33570**



03292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEJ Number  
**59-1280226**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GRAMLING, CHRIS  
420 7TH AVENUE NE  
RUSKIN, FL 33570**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SEGOVIANO, SALVADOR  
901 3RD ST NE  
RUSKIN, FL 33570**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS  
GRAMLING, CHRIS  
420 7TH AVE NE  
RUSKIN, FL 33570**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPT  
FAGOT, CAROL  
4020 27TH ST SE  
RUSKIN, FL 33570**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000312790  
04/18/05-80098-011 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Christopher Gramling* **Christopher Gramling** 4/11/05 813-1045-2525