


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 356060 1. Entity Name ROBERT'S NURSERY, INC.	
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Principal Place of Business 411 KINGSWAY ROAD P.O. BOX 38 SEFFNER, FL 33584	Mailing Address 411 KINGSWAY ROAD P.O. BOX 38 SEFFNER, FL 33584
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01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1275120	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, ROBERT
411 KINGSWAY ROAD
SEFFNER, FL 33584**

**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	PD ROGERS, ROBERT PO BOX 38 SEFFNER, FL 33583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, MARY JANE PO BOX 38 SEFFNER, FL 33583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, ROBERT JR. PO BOX 1800 SEFFNER, FL 33583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROGERS, MICHAEL PO BOX 2095 SEFFNER, FL 33583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/03/05-80063-004 150.00

**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)(f), 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:


Robert M. Rogers Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/05
Date

813 689 3030
Daytime Phone #