


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 365381 1. Entity Name DUTCH MILL NURSERY, INC. |  |
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| Principal Place of Business 541 UPSALA RD. SANFORD, FL 32771 | Mailing Address 541 UPSALA RD. SANFORD, FL 32771 |
|--|--|



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 59-1296225 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LOMMERSE, ANNETTE L
 631 UPSALA RD
 SANFORD, FL 32771

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 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

U00000422549
 02/17/06-80022-009 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LOMMERSE, IRENE I 541 UPSALA RD. SANFORD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LOMMERSE, JOHN R., JR. 541 UPSALA RD. SANFORD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LOMMERSE, FRANCES M. 541 UPSALA RD. SANFORD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LOMMERSE, ANNETTE L. 541 UPSALA RD. SANFORD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LOMMERSE, VIRGINIA R. 541 UPSALA RD. SANFORD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Virginia R. Lommerse virginia R. Lommerse 2-4-06 407-322-8385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #