


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # 365381 1. Entity Name DUTCH MILL NURSERY, INC.	
---	---

Principal Place of Business 541 UPSALA RD. SANFORD, FL 32771	Mailing Address 541 UPSALA RD. SANFORD, FL 32771
--	--

**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-P CR2E034 (11/05)

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, 2008 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	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	

U00000790574  
 01/23/08-80038-020 150.00

**DO NOT WRITE 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: Virginia R Lommerse Virginia R Lommerse 1-18-08 407-322-6385

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