

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 371341

1. Entity Name
LOOP'S NURSERY & GREENHOUSES, INC.



Principal Place of Business
**2568 OLD MIDDLEBURG ROAD
JACKSONVILLE, FL 32210**

Mailing Address
**2568 OLD MIDDLEBURG ROAD
JACKSONVILLE, FL 32210**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1256030

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOOP, CARL B. JR.
3530 SILVERY LN.
JACKSONVILLE, FL 32217**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LOOP, DAVID WAYNE
STREET ADDRESS 3805 BELTES CIRCLE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE S
NAME LOOP, RUTH FORBES
STREET ADDRESS 3530 SILVERY LN
CITY-ST-ZIP JACKSONVILLE, FL

TITLE D
NAME SWEAT, JUDIE A
STREET ADDRESS RT 1 BOX 287
CITY-ST-ZIP MACCLENNY, FL

TITLE V
NAME LOOP, CARL B. JR
STREET ADDRESS 3530 SILVERY LN
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000578861
01/09/07-80044-023 150.00

**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: *Judie A. Sweat* **Judie A Sweat**

Date

Daytime Phone #

1/31/07 904 772-6880
X140