

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90068 022 ***150.00

DOCUMENT # 422087

1. Entity Name

DEMINICO NURSERIES, INC.



Principal Place of Business

RT 15 BOX 3088 RIDGE RD
LAKE CITY FL 32024
US

Mailing Address

PO BOX 2859
BOCA RATON FL 33427

2. Principal Place of Business

715 SE ROSEWOOD CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

4. FEI Number

59-1456316

Applied For

Not Applicable

Zip
32025

Country
USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEMINICO, PASQUALE A.
RT 15 BOX 3088, RIDGE RD
LAKE CITY FL 32024

7. Name and Address of New Registered Agent

Name
XAVIER J. WAHNER

Street Address (P.O. Box Number is Not Acceptable)

1700 SOUTH DIXIE HWY, SUITE 103

City
BOCA RATON

FL

Zip Code
33432

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 *Xavier J. Wahner*
Signature, typed or printed name of registered agent and title if applicable.

XAVIER J. WAHNER

3-11-2004

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME DEMINICO, PASQUALE A.
STREET ADDRESS RT 15 BOX 3088 RIDGE RD
CITY-ST-ZIP LAKE CITY FL 32024

TITLE STD ☐ Delete
NAME DEMINICO, CATHERINE F.
STREET ADDRESS RT 15 BOX 3088 RIDGE RD
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS 715 SE ROSEWOOD CIRCLE
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE: *Catherine F. Deminico*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CATHERINE F. DEMINICO

Date

3/30/04

Daytime Phone #

386-755-8866