


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 510438		
1. Entity Name SPRINGHOUSE NURSERY AND LANDSCAPING COMPANY, INC.		
Principal Place of Business 200 N.W. AVENUE L P.O. BOX 1686 BELLE GLADE, FL 33430	Mailing Address 200 N.W. AVENUE L P.O. BOX 1686 BELLE GLADE, FL 33430	

DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1683875	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

SHIVER, MICHAEL W.
200 N.W. AVENUE L
BELLE GLADE, FL 33430

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000142758
04/30/04-80064-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SHIVER, MICHAEL W.
STREET ADDRESS	864 FLEMING DR
CITY-ST-ZIP	BELLE GADE, FL
TITLE	S
NAME	SHIVER, QUINON C.
STREET ADDRESS	301 ROYAL PALM DR., S
CITY-ST-ZIP	BELLE GLADE, FL
TITLE	D
NAME	SHIVER, QUINON C.
STREET ADDRESS	301 ROYAL PALM DR., S
CITY-ST-ZIP	BELLE GLADE, FL
TITLE	PD
NAME	SHIVER, DONALD A.
STREET ADDRESS	301 ROYAL PALM DR S
CITY-ST-ZIP	BELLE GLADE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W. Shiver 04/26/04 561-996-2800

Date

Daytime Phone #