

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90135 001 ***100.00

02-05-2007 90135 002 ****50.00

DOCUMENT # 573999

1. Entity Name

TAMPA WHOLESALE NURSERY, INC.



Principal Place of Business

3216 MCINTOSH RD.
DOVER, FL 33527

Mailing Address

3216 MCINTOSH RD.
DOVER, FL 33527

00000713



02022007

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-1826387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, ROY G
3224 MCINTOSH RD
DOVER, FL 33527

**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 DAVIS, ROY G
STREET ADDRESS 3224 MCINTOSH ROAD
CITY-ST-ZIP DOVER, FL

TITLE ST
NAME DAVIS, LETA
STREET ADDRESS 3224 MCINTOSH ROAD
CITY-ST-ZIP DOVER, FL

TITLE V
NAME DAVIS, STEVEN W
STREET ADDRESS 3216 MCINTOSH RD.
CITY-ST-ZIP DOVER, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____