

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



04282008 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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000933634  
05/22/08-80102-023 150.00

10. OFFICERS AND DIRECTORS

**DO NOT WRITE  
IN THIS SPACE**

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	

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: *Steven W Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/08

813 689 4075