# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 28, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # 595954

1. Entity Name
FOUR B'S NURSERY, INC.

Principal Place of Business
6886 NW 82ND TERRACE
PARKLAND, FL 33067

Mailing Address
6886 NW 82ND TERRACE
PARKLAND, FL 33067

02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1872497
Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BROOKS, ROGER W.
6885 NW 82ND TERR.
PARKLAND, FL 33067

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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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | BROOKS, ROGER W. |
| STREET ADDRESS | 6886 NW 82ND TERRACE |
| CITY-ST-ZIP | PARKLAND, FL |
| TITLE | VSD |
| NAME | BROOKS, JANICE L |
| STREET ADDRESS | 6886 NW 82ND TERRACE |
| CITY-ST-ZIP | PARKLAND, FL |
| TITLE | T |
| NAME | BROOKS, JANICE L |
| STREET ADDRESS | 6886 NW 82ND TERRACE |
| CITY-ST-ZIP | PARKLAND, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/11/08-80035-016 150.00

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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:** JANICE L. BROOKS Janice L. Brooks 2-25-08 954-753-5026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #