

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90044 003 ***158.75

DOCUMENT # 597563

1. Entity Name

RAY'S NURSERY, INC.



Principal Place of Business

HIGHWAY 229 S
5213 RICHARDSON RD
SANDERSON FL 32087

Mailing Address

P.O. BOX 403
MACCLENNY FL 32063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1865838

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILNE, DUGLAS J
4595 LEXINGTON AVE
SUITE 100
JACKSONVILLE FL 32210

Name

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

City

FL

Zip Code

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GATLIN, JUDGE RAY
STREET ADDRESS 4481 RAIN TREE DRIVE
CITY-ST-ZIP MACCLENNY FL 32063

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

TITLE VPST ☐ Delete
NAME GATLIN, BLAIR
STREET ADDRESS ~~BLAIR CIRCLE~~
CITY-ST-ZIP GLEN SAINT MARY FL 32040

TITLE ☒ Change ☐ Addition
NAME Gatlin, Blair
STREET ADDRESS Burnsed Crawford Road
CITY-ST-ZIP Glen St. Mary, FL 32040

TITLE VPD ☐ Delete
NAME GATLIN, GINA
STREET ADDRESS 24, OLD NURSERY PLANTATION
CITY-ST-ZIP GLEN ST. MARY FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

Blair Gatlin

04/05/05

904-259-3740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #