


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 630209</b> 1. Entity Name <b>POTTINGER'S NURSERY, INCORPORATED</b>	
--	---

<b>Principal Place of Business</b> <b>910 SUNSET VISTA DR</b> <b>FT MYERS, FL 33919</b>	<b>Mailing Address</b> <b>P O BOX 07337</b> <b>FT MYERS, FL 33919</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1950935</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**VOELLINGER, MILLA**  
**821 SUNSET VISTA DR**  
**FT MYERS, FL 33919**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering)

Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b>
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>VOELLINGER, MILLA</b> <b>821 SUNSET VISTA DR</b> <b>FT. MYERS, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VOELLINGER, MILLA</b> <b>821 SUNSET VISTA DR.</b> <b>FT MYERS, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>POTTINGER, GERALD</b> <b>910 SUNSET VISTA</b> <b>FORT MYERS, FL 33919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000313780  
04/18/05-80140-012 150.00

**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)(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 807, 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: *Milla P. Voellinger* **Milla P. Voellinger** 4/1/05 239-481-0626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #