

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 666097

1. Entity Name
ZENTZ LANDSCAPE/NURSERY, INC.



FILED
Jan 26, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)

4. FEI Number **59-1996896** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZENTZ, EDWARD L
17050 SLATER RD.
N. FORT MYERS, FL.
FORT MYERS FL 33917

7. Name and Address of New Registered Agent

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition U00000604914 01/30/07-80016-004 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Edward L Zentz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #