

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90109 009 ***150.00

DOCUMENT # F05000001355

1. Entity Name
PINE WOODS NURSERY LIMITED COMPANY



Principal Place of Business
**6401 LYONS ROAD
COCONUT CREEK, FL 33073**

Mailing Address
**6401 LYONS ROAD
COCONUT CREEK, FL 33073**

400000000



DO NOT WRITE IN THIS SPACE

04182008 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0441726

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRICE, DAVID T
6401 LYONS ROAD
COCONUT CREEK, FL 33073**

**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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KEY, ROBERT RANDELL II
STREET ADDRESS DON MCKAY BLVD., MARSH HARBOUR
CITY-ST-ZIP ABACO, THE BAHAMAS,

TITLE DT
NAME KEY, LONNIE M
STREET ADDRESS DON MCKAY BLVD., MARSH HARBOUR
CITY-ST-ZIP ABACO, THE BAHAMAS,

TITLE AS
NAME PRICE, DAVID T
STREET ADDRESS 6401 LYONS ROAD
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David T. Price **DAVID T. PRICE** 4-22-08 954-421-9399