

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F22702

1. Entity Name
WESTWINDS NURSERY, INC.



Principal Place of Business
**4690 SW CITRUS BLVD
PALM CITY, FL 34990 US**

Mailing Address
**4920 SW 195 TERR
FT. LAUDERDALE, FL 33332 US**



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2102878

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$6.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, TERRY K.
4920 SW 195 TR
FORT LAUDERDALE, FL 33332**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PDS
ROBINSON, TERRY K
4920 SW 195TH TERR
FT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
ROBINSON, SHARON L
4920 SW 195TH TERR
FT LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

**00000529909
05/05/06-80094-025 150.00**

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:

Terry K Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Daytime Phone #