

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90083 028 ***150.00

DOCUMENT # F36442

1. Entity Name

BIG PINE NURSERY, INC.



Principal Place of Business

30233 OVERSEAS HWY
P.O. BOX 531
BIG PINE KEY FL 33043
US

Mailing Address

US HIGHWAY 1 @ MM 30 1/2
P.O. BOX 531
BIG PINE KEY FL 33043

2. Principal Place of Business

US Highway 1 @ mm 30.1/2
Suite, Apt. #, etc.
PO Box 531

3. Mailing Address

32 Spoonbill way
Suite, Apt. #, etc.

City & State

Big Pine Key FL
Zip 33043 Country MONROE

City & State

Key West FL
Zip 33040 Country MONROE

4. FEI Number

59-2114906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISAKSEN, JOHN F.
US HWY 1 AT MM 30 1/2
BIG PINE KEY FL 33043

7. Name and Address of New Registered Agent

Name

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

32 Spoonbill way

City

Key West

FL

Zip Code

33040

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

TITLE PTD ☐ Delete
NAME ISAKSEN, GENEVIEVE C
STREET ADDRESS 32 SPOONBILL WAY
CITY-ST-ZIP KEY WEST FL 33040

TITLE VSD ☐ Delete
NAME ISAKSEN, JOHN F
STREET ADDRESS 32 SPOONBILL WAY
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Genevieve C. Isaksen, Pres

2/15/05 305-295-2618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #