

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90043 004 \*\*\*150.00

**DOCUMENT # F41429**

1. Entity Name  
**REYNOLDS NURSERY, INC.**



Principal Place of Business  
**% DAVID E. REYNOLDS  
2701 W. KEEN-CAMPBELL RD.  
PLANT CITY, FL 33565 US**

Mailing Address  
**% DAVID E. REYNOLDS  
2701 W. KEEN-CAMPBELL RD.  
PLANT CITY, FL 33565-5111 US**

**54019847**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2114090**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**REYNOLDS, DAVID E.  
2703 W KEEN CAMPBELL RD  
PLANT CITY, FL 33565**

**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.

**1**  
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, 2004 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  
**PTD  
REYNOLDS, DAVID E  
2703 W KEEN-CAMPBELL ROAD  
PLANT CITY, FL 33565**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD  
REYNOLDS, BERNICE  
2701 W KEEN-CAMPBELL ROAD  
PLANT CITY, FL 33565**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
REYNOLDS, ELSIE  
2701 W. KEEN-CAMPBELL RD.  
PLANT CITY, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
REYNOLDS, MARY D  
2703 W KEEN CAMPBELL RD  
PLANT CITY, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KINCAID, STEVE  
2701 W KEENE-CAMPBELL RD  
PLANT CITY, FL**

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 exemption stated in Section 119.07(3)(f), 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: Mary D. Reynolds MARY D REYNOLDS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-10-04**

Daytime Phone #

**813-7542178**