


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F45912 1. Entity Name EL CLAIR RANCH NURSERY, INC.	
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Principal Place of Business 26928 CR 44 A EUSTIS, FL 32736 US	Mailing Address 26928 CR 44 A EUSTIS, FL 32736 US
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01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2120884	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RYDBERG, DONNA A
26928 COUNTY ROAD 44A
EUSTIS, FL 32736

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RYDBERG, JAMES A
STREET ADDRESS	26928 CR 44 A
CITY-ST-ZIP	EUSTIS, FL 32736

TITLE	VST
NAME	RYDBERG, DONNA A
STREET ADDRESS	26928 CR 44 A
CITY-ST-ZIP	EUSTIS, FL 32736

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/05-80037-016 150.00

**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 807, 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: Donna Ryberg 1/25/05 (352) 483-3397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #