

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90150 050 ***150.00

DOCUMENT # F62501 1. Entity Name BILL'S NURSERY, INC.					
Principal Place of Business 20625 SW 304 ST. HOMESTEAD, FL 33030 US			Mailing Address P.O. BOX 900637 HOMESTEAD, FL 33090 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2168527			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GARRISON, STEPHEN T 1950 NW 10 TERRACE HOMESTEAD, FL 33030			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 20625 S.W. 304 St. City Homestead FL Zip Code 33030		
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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRISON, STEPHEN T 20625 SW 304 ST. HOMESTEAD, FL 33030 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARRISON, SUSAN D 20625 SW 304 ST. HOMESTEAD, FL 33030 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 persons empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/22/05 Daytime Phone # 305-246-5309		