

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F63264

1. Entity Name
MCLAUGHLIN'S GARDEN CITY NURSERY INC.



Principal Place of Business
**16340 OLD US HWY 41 S
FT MYERS, FL 33912 US**

Mailing Address
**16340 OLD HWY 41 S
16340 OLD US 41 S
FT MYERS, FL 33912 US**



04192006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2160006

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCLAUGHLIN, TERRENCE J.
16340 OLD US 41 S
FT MYERS, FL 33912**

**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 signatures required when reappointing)

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 **P**
NAME **MCLAUGHLIN, TERRENCE J**
STREET ADDRESS **16340 OLD US HWY 41 SOUTH**
CITY-ST-ZIP **FORT MYERS, FL**

TITLE **ST**
NAME **MCLAUGHLIN, THOMAS J**
STREET ADDRESS **16340 OLD US 41 S**
CITY-ST-ZIP **FT MYERS, FL 00000**

TITLE **VP**
NAME **SAPP, MARGARET**
STREET ADDRESS **16340 OLD US 41 SOUTH**
CITY-ST-ZIP **FORT MYERS, FL**

TITLE **V**
NAME **MCLAUGHLIN, TIMOTHY**
STREET ADDRESS **16340 OLD US HWY 41**
CITY-ST-ZIP **FORT MYERS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000523345
05/03/06-80068-016 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES TERRENCE J. MCLAUGHLIN

Date

4/19/06

Daytime Phone #

239-267-2847