2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # F63264

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

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

03192007 No Chg-P CR2E034 (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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	

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03/30/07-80006-020 150.00

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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: _____ 3/20/07 239-267-2847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #