

**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 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
---	--

DO NOT WRITE IN THIS SPACE



03192007 No Chg-P CR2E034 (11/05)

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 signature required when reappointing) DATE

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
---	---

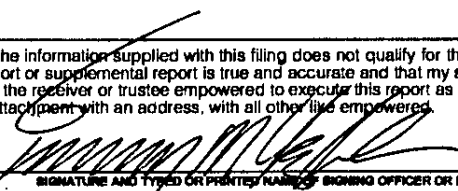
10. OFFICERS AND DIRECTORS

TITLE P	MCLAUGHLIN, TERRENCE J
NAME	
STREET ADDRESS	16340 OLD US HWY 41 SOUTH
CITY-ST-ZIP	FORT MYERS, FL
TITLE ST	MCLAUGHLIN, THOMAS J
NAME	
STREET ADDRESS	16340 OLD US 41 S
CITY-ST-ZIP	FT MYERS, FL 00000,
TITLE VP	SAPP, MARGARET
NAME	
STREET ADDRESS	16340 OLD US 41 SOUTH
CITY-ST-ZIP	FORT MYERS, FL
TITLE V	MCLAUGHLIN, TIMOTHY
NAME	
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	

**DO NOT WRITE
IN THIS SPACE**

U00000675146
03/30/07-80006-020 150.00

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 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 live empowered.

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