

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F66302

1. Entity Name
Q. MITCHELL NURSERY, LANDSCAPING, WELLS &
SPRINKNKLERS, INC.



Principal Place of Business
2816 W. SUNRISE BLVD.
FT LAUDERDALE, FL 33311

Mailing Address
2816 W. SUNRISE BLVD.
FT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2389720

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHELL, QUILONE
3041 N.W. 5 COURT
FT LAUDERDALE, FL 33311

**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 reissuing)

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 PD
NAME MITCHELL, QUILONE
STREET ADDRESS 3041 N.W. 5 COURT
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE VD
NAME MITCHELL, MICHAEL
STREET ADDRESS 2936 NW 8TH PLACE
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE STD
NAME BROWN, ALTHMEASE M
STREET ADDRESS 2936 NW 8TH PLACE
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000712517
04/26/07-80050-017 150.00

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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

Althmease Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11

Date

Daytime Phone #

954-8200