


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 05, 2008 8:00 am**  
**Secretary of State**

08-05-2008 90007 001 \*\*\*150.00  
 08-05-2008 90007 002 \*\*\*400.00

**DOCUMENT # F66302**

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



Principal Place of Business 2816 W. SUNRISE BLVD. FT LAUDERDALE, FL 33311	Mailing Address 2816 W. SUNRISE BLVD. FT LAUDERDALE, FL 33311
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**66015749**



**DO NOT WRITE IN THIS SPACE**

07292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2389720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 reinstating. DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, QUILONE 3041 N.W. 5 COURT FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL, MICHAEL 2936 NW 8TH PLACE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, ALTHMEASE M 2936 NW 8TH PLACE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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

7/28/08 954-8200  
Date Daytime Phone #