

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90201 029 ***150.00

DOCUMENT # F78001

1. Entity Name

HAND GROWN NURSERY, INC.



Principal Place of Business

% WARREN E HAND
312 NO PARSONS AVE
SEFFNER FL 33584

Mailing Address

% WARREN E HAND
312 NO PARSONS AVE
SEFFNER FL 33584



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2184847

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

HAND, WARREN E
312 N. PARSONS AVE.
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name

ERICK D. HAND

Street Address (P.O. Box Number is Not Acceptable)

312 N. Parsons Ave.

SEFFNER, FL. 33584

City

SEFFNER

FL

Zip Code
33584

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

Erick D. Hand

Erick D. Hand, Pres/Dir/Treas.

April 10, 2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 HAND, WARREN E 312 N. PARSONS AVE. SEFFNER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAND, ERICK D 312 PARSONS AVE SEFFNER FL 33584	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT Erick D. Hand 312 N. Parsons Ave. Seffner, FL. 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/Sec. Warren E. Hand 312 N. Parsons Ave. Seffner, FL. 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Erick D. Hand Erick Hand

10 April 07

(813) 654-3610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #