2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # G11925

1. Entity Name

LAKE CYPRESS NURSERY, INC.

Principal Place of Business	Mailing Address
9601 SEIDEL RD. WINTER GARDEN FL 34787	P O BOX 770429 P.O. BOX 429 WINTER GARDEN FL -4777-0429 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2243594 ☐ Applied For ☐ Not Applic

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

6. Name and Address of Current Registered Agent

FICQUETTE, ROBERT W
7 EAST DIVISION ST
WINTER GARDEN FL 32787

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 acc the obligations of registered agent

SIGNATURE _____ DATE

Signature, type 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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fe

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FICQUETTE, JOHN D STATE ROAD 545, P.O. BOX 429 WINTER GARDEN, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FICQUETTE, THOMAS H STATE ROAD 545, P.O. BOX 429 WINTER GARDEN, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000511534 ☐ Change ☐ A 04/29/06-80050-024 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FICQUETTE, ROBERT W STATE ROAD 545, P.O. BOX 429 WINTER GARDEN, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
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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 informatic 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 direc 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Robert W. Ficquette ROBERT W. FICQUETTE 4-13-06 407-656-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #