2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # G32188

1. Entity Name
SEARLE BROTHERS NURSERY, INC.

Principal Place of Business	Mailing Address
6640 SW 172 AVE FT LAUDERDALE, FL 33331 US	6640 S.W. 172 AVE FT. LAUDERDALE, FL 33331 US

DO NOT WRITE IN THIS SPACE

03302005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2298857
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEARLE, FRANCIS M
3187 BEECHBERRY CIRCLE
DAVIE, FL 33328

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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 _____ DATE
Signature, typed 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, 2005 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	SEARLE, FRANCIS M
STREET ADDRESS	3187 BEECHBERRY CIRCLE
CITY-ST-ZIP	DAVIE, FL
TITLE	V
NAME	SEARLE, JEFFREY
STREET ADDRESS	18200 SW 52 LN
CITY-ST-ZIP	S.W. RANCHES, FL 33331
TITLE	T
NAME	SEARLE, LARRY
STREET ADDRESS	14847 SW 34 ST.
CITY-ST-ZIP	DAVIE, FL
TITLE	S
NAME	SEARLE, ALAN
STREET ADDRESS	3187 BEECHBERRY CIRCLE
CITY-ST-ZIP	DAVIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/05-80001-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/30/05 (954)434-7681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #