

**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.	
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Principal Place of Business 6640 SW 172 AVE FT LAUDERDALE, FL 33331 US	Mailing Address 6640 S.W. 172 AVE FT. LAUDERDALE, FL 33331 US
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DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2298857	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEARLE, FRANCIS M 3187 BEECHBERRY CIRCLE DAVIE, FL 33328

**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

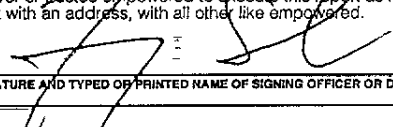
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SEARLE, FRANCIS M 3187 BEECHBERRY CIRCLE DAVIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SEARLE, JEFFREY 18200 SW 52 LN S.W. RANCHES, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SEARLE, LARRY 14847 SW 34 ST. DAVIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEARLE, ALAN 3187 BEECHBERRY CIRCLE DAVIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

04/04/05-80001-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #