

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2007 08:00 AM
Secretary of State

DOCUMENT # G77000

1. Entity Name
DRIFTWOOD NURSERY & LANDSCAPING, INC.



Principal Place of Business
**5051 TAMiami TRAIL N
NAPLES, FL 34103 US**

Mailing Address
**5051 TAMiami TRAIL N
NAPLES, FL 34103 US**



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2352281

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAZELETT, GARY L.
5051 TAMiami TR N
NAPLES, FL 34103**

**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, 2007 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	HAZELETT, GARY
STREET ADDRESS	5051 TAMiami TR.,N.
CITY- ST- ZIP	NAPLES, FL 00000,
TITLE	VP
NAME	HAZELETT, CRAIG
STREET ADDRESS	6053 14TH AVE SW
CITY- ST- ZIP	NAPLES, FL
TITLE	S
NAME	HAZELETT, BRAD
STREET ADDRESS	5051 TAMiami TRL N
CITY- ST- ZIP	NAPLES, FL 34103
TITLE	T
NAME	LEMAY, JENNIFER
STREET ADDRESS	445 PALM RIVER BLVD
CITY- ST- ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000766181
06/12/07-80004-023 550.00

**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: _____

CRAIG HAZELETT

6-9-07

239-261-0328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #