

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G77453</b> 1. Entity Name MCCALL NURSERY & LANDSCAPE, INC.	
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Principal Place of Business  
% BARBARA MCCALL  
4621 S.W. 58TH AVE.  
DAVIE, FL 33314

Mailing Address  
% BARBARA MCCALL  
4621 S.W. 58TH AVE.  
DAVIE, FL 33314



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2351416	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHROEDER, LESLIE  
4621 S.W. 58TH AVE.  
DAVIE, FL 33314

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000065584  
02/26/04-80021-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCALL, RICHARD A., JR. 5925 SW 54 CT DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCALL, RALPH R. 6075 SW 55 PLACE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHROEDER, LESLIE M. 5877 SW 54 CT DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINDALL, STEPHANIE M. 5483 SW 60 AVE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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)(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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Date

931-581-4782

Daytime Phone #