

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # G98623

1. Entity Name
WALPOLE NURSERY, INC.



Principal Place of Business
**4630 W LANTANA RD
LAKE WORTH, FL 33463**

Mailing Address
**4630 W LANTANA RD
LAKE WORTH, FL 33463**



04242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2447225

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

**WALPOLE, J. HONIE
4795 61ST ST S
LAKE WORTH, FL 33463**

**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 restating)

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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALPOLE, HENRY W.
STREET ADDRESS	4765 61ST ST SOUTH
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	DVST
NAME	WALPOLE, J. HONIE
STREET ADDRESS	4765 61ST ST SOUTH
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	D
NAME	WALPOLE, J. HONIE
STREET ADDRESS	4795 61ST STREET, SOUTH
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000349632
05/02/05-80073-013 150.00

**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: *J. Honie Walpole VP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05
Date

Daytime Phone # _____