

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # H57701

1. Entity Name
GREEN TREE LANDSCAPE NURSERY, INC.



Principal Place of Business
**7007 W LINEBAUGH AVE
P.O. BOX 271002
TAMPA, FL 33688**

Mailing Address
**P.O. BOX 271002
TAMPA, FL 33688**



01082006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2548958 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARKAY, MADELINE
7007 W LINEBAUGH AVE
TAMPA, FL 33625**

**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 releasing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	ARKAY, RON	
STREET ADDRESS	7007 W. LINEBAUGH	
CITY-STATE-ZIP	TAMPA, FL 33625	
TITLE	STD	
NAME	ARKAY, MADELINE	
STREET ADDRESS	7007 W. LINEBAUGH	
CITY-STATE-ZIP	TAMPA, FL 33625	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U00000402239
02/02/06-80078-007 150.00

**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 charged, or on an attachment with an address, with all other like empowered

SIGNATURE: *M. Arkay* **M. ARKAY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06
Date

813/933-1267
Telephone