

ANNUAL REPORT

DOCUMENT # H64488

1. Entity Name
ANGERS SUN TREE NURSERY, INC.



FILED
Feb 26, 2007 08:00 AM
Secretary of State

Principal Place of Business

900 SINCLAIR DRIVE
SARASOTA, FL 34240

Mailing Address

900 SINCLAIR DRIVE
SARASOTA, FL 34240



02222007 No Chg-P CR2E03

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2762507

5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent

SILVER, DENNIS S.
8486 S TAMIAMI TRAIL
SARASOTA, FL 34238

**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 for 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
03/07/07-80048-1

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ANGERS, ROBERT S. II
900 SINCLAIR DRIVE
SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 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 the 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

FEB 22, 2007 (441)
Date Day