

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J49176

1. Entity Name
LABELLE NURSERY INC.



Principal Place of Business

475 EVANS ROAD
LABELLE, FL 33935 US

Mailing Address

475 EVANS ROAD
LABELLE, FL 33935 US

FILED
Jul 23, 2004 08:00 AM
Secretary of State



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2773930

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SISLER, CECIL R
6761 NW 21ST ST
MARGATE, FL 33063

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALL, LINDA I. 309 W. RIDING DRIVE BELAIR, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISLER, JERRY 5012 CLIFFORD ROAD PERRY HALL, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATTERFIELD, SHIRLEY 2030 NE 53RD STREET FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISLER, RONALD 6761 NW 21 ST MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SISLER, CECIL R 6761 NW 21ST ST MARGATE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000168038
07/23/04-80007-007 150.00

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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:

Cecil R Sisler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CECIL R SISLER

July 14 2004 863-679-0713
Date Daytime Phone