

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # K04370

1. Entity Name
SCARBOROUGH RANCH NURSERIES, INC.



Principal Place of Business
**408 S.W. 15TH STREET
OKEECHOBEE, FL 34974**

Mailing Address
**408 S.W. 15TH STREET
OKEECHOBEE, FL 34974**



04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0025218

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WIERSMA, TONI J.
408 S.W. 15TH STREET
OKEECHOBEE, FL 34974**

**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, 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	STD
NAME	WIERSMA, TONI J.
STREET ADDRESS	408 S.W. 15TH STREET
CITY- ST- ZIP	OKEECHOBEE, FL
TITLE	PD
NAME	WIERSMA, BILL
STREET ADDRESS	408 S.W. 15TH ST.
CITY- ST- ZIP	OKEECHOBEE, FL
TITLE	VPD
NAME	JONES, DONALD
STREET ADDRESS	7740 S. W. 13TH STREET
CITY- ST- ZIP	OKEECHOBEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000510903
04/29/06-80028-002 150.00

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

SIGNATURE: *Toni J. Wiersma* *Toni J. Wiersma, Secretary* 4-16-06