

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90009 033 ***150.00

DOCUMENT # K35980

1. Entity Name

SABAL PALM NURSERY AND DAY CARE CENTER, INC.



Principal Place of Business

3111 UNIVERSITY DR.
CORAL SPRINGS FL 33065

Mailing Address

3111 UNIVERSITY DR.
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0080905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOERS, CAROL ANN
1910 N E 28TH STREET
LIGHTHOUSE POINT FL 33064

Name **GUIDO BARISONE**

Street Address (P.O. Box Number is Not Acceptable)
3200 MARION AVE

MARGATE FL

City

FL

Zip Code
33063

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]

GUIDO BARISONE, PRES.

2/2/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DSDT ☒ Delete
NAME JOERS, CAROL ANN
STREET ADDRESS 1910 NE 28TH STREET
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE VP ☒ Delete
NAME RICHARD, ROBERT K
STREET ADDRESS 1910 NE 28TH STREET
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE PD ☐ Delete
NAME BARISONE, GUIDO
STREET ADDRESS 3200 MARION AVENUE
CITY-ST-ZIP MARGATE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

GUIDO BARISONE, PRES. 2/2/04 (954) 345-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #