

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L31840	
1. Entity Name BRENTWOOD NURSERY, INC.	
Principal Place of Business 4595 COCONUT LANE C/O JOYCE WILLIS BOYNTON BEACH, FL 33435	Mailing Address 4595 COCONUT LANE C/O JOYCE WILLIS BOYNTON BEACH, FL 33435



04262005 No Chg-P CR22034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0154278	Added For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIS, JOYCE 4595 COCONUT LANE BOYNTON BEACH, FL 33435

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits the 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 _____ (NOTE: Registered Agent signature required when changing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$650.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$6.00 May Be
Added to Fees**

TO: OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO WILLIS, JOYCE 4595 COCONUT LANE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRENT, WILLIS 4595 COCONUT LANE BOYNTON BEACH, FL
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**DO NOT WRITE
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)(b), 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: *X* *Joyce H. Willis*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X *4/27/05* *5614987139*
DATE