

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L67805

1. Entity Name
AVANTI NURSERY, INC.



Principal Place of Business
**1031 SO YACHTSMAN DR
SANIBEL, FL 33957**

Mailing Address
**1031 SO YACHTSMAN DR
SANIBEL, FL 33957**

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3012471

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEPHERD, JAMES E.
1450 SR 434 W
SUITE 200
LONGWOOD, FL 32750**

**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, 2004 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
**PVD
WALLIN, ALLEN DEAN
1915 KING ARTHUR CIRCLE
MAITLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
COOK, DONALD W.
1031 S YACHTSMAN DR
SANIBEL, FL 33957**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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02/06/04-80140-014 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/04 954-605-9080