


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90016 001 ***150.00

DOCUMENT # L77306 1. Entity Name LAURELWOOD NURSERY, INC.					
Principal Place of Business C/O SHERRY FIESER 689 SOUTH KENTUCKY AVENUE ORANGE CITY, FL 32763			Mailing Address C/O SHERRY FIESER 689 SOUTH KENTUCKY AVENUE ORANGE CITY, FL 32763		
2. Principal Place of Business - No P.O. Box # 4545 MARSH RD		3. Mailing Address 4545 MARSH RD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State DELAND, FLA.		City & State DELAND, FLA.		4. FEI Number 59-3018106	
Zip 32724		Country FLORIDA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FIESER, SHERRY 689 SOUTH KENTUCKY AVENUE ORANGE CITY, FL 32763			7. Name and Address of New Registered Agent Name FIESER, SHERRY Street Address (P.O. Box Number is Not Acceptable) 4545 MARSH RD City DELAND FL Zip Code 32724		
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 <u>Sherry Fieser</u> <u>SHERY FIESER</u> <u>3/17/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS FIESER, SHERRY 689 S. KENTUCKY AVENUE ORANGE CITY, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIESER, SHERRY 689 S. KENTUCKY AVENUE ORANGE CITY, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS Fieser, Sherry 4545 MARSH RD. DELAND, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Fieser, Sherry 4545 MARSH RD DELAND, FL 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Sherry Fieser</u> <u>SHERY FIESER</u> <u>3/17/08</u> <u>386-734-</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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