2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State
06-20-2005 90002 025 ***150.00

66025262

05062005 Chg-P CR2E034 (10/03)

DOCUMENT # M73582

1. Entity Name
PARKS NURSERY AND FOLIAGE CO., INC.

Principal Place of Business	Mailing Address
2475 PLYMOUTH SORRENTO RD. PLYMOUTH, FL 32768	2475 PLYMOUTH SORRENTO RD. PLYMOUTH, FL 32768

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: 59-2880691 ☐ 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
PARK, DONALD D. 2475 PLYMOUTH SORRENTO RD. PLYMOUTH, FL 32768	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DPT PARK, DONALD D. 2475 PLYMOUTH SORRENTO PLYMOUTH, FL 32768	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARK, GLORIA 2475 PLYMOUYH SORRENTO PLYMOUTH, FL 32768	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] GLORIA H PARK SECY 6/16/05 407-889-9445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THIS SHEET IS THE ONLY ONE THAT WAS RETURNED.

ATTACHMENT 660252627
#M73582

Park's Nursery and Foliage Co., Inc.
Phone 407-889-9446
2475 Plymouth-Sorrento Road
P.O. Box 386
Plymouth, Florida 32768
Fax 407-889-9700

FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O. BOX 6327 TALLAHASSEE, FL 32314

ACCORDING TO YOUR LETTER DATED JUNE 01, 2005 YOU ARE REQUESTING AN ADDITIONAL FEE OF $400.00 FOR LATE FILING. THE ORIGINAL RETURN WAS FILED ON TIME - BEFORE MAY 31, 2005. PART OF THE RETURN WAS MAILED BACK DUE TO AN OMITTED SIGNATURE - WHICH WE SIGNED AND MAILED IT BACK. WE MAILED ALL THE COPIES THAT WAS RETURNED. TO US.
WE DO NOT BELEIVE WE ARE LIABLE FOR THE LATE FILING FEES, AND WOULD LIKE TO HAVE IT CANCELLED.
THANKING YOU FOR YOUR ATTENTION -

YOURS TRULY
PARKS NURSERY AND FOLIAGE CO., INC

REFERENCE NUMBER M73582