

ANNUAL REPORT (AR)

DOCUMENT # N95000004516

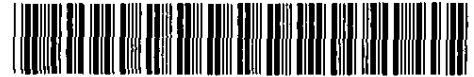


FILED
Apr 11, 2007 08:00 AM
Secretary of State

UNBELIEVABLE ACRES BOTANIC GARDENS, INC.

Principal Place of Business
470 63RD TRAIL NORTH
WEST PALM BEACH FL 33413-7019
US

Mailing Address
470 63RD TRAIL NORTH
WEST PALM BEACH FL 33413-7019
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0759367

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

JOYNER, EUGENE A
470 63RD TRAIL NORTH
WEST PALM BEACH FL 33413

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
JOYNER, EUGENE A ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP
470 63RD TRAIL NORTH
WEST PALM BEACH FL 33413

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
U000000701773
04/20/07-80066-024 70.00

TITLE
NAME
PFENNINGER, PAUL ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP
4085 FLORAL DRIVE
WEST PALM BEACH FL 33436

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

TITLE
NAME
SAMPLE, JANE ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP
1401 MEADOWBROOKE DR
WEST PALM BEACH FL 33417

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

TITLE
NAME
MCDANIEL, CHARLES ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP
1880 CARANBALM RD
LAKE CLARK SHORES FL 33406

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

Eugene Joyner **EUGENE JOYNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/07

561 686-6687