

~~2004~~ FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000058786

1. Entity Name

WILLIAM NURSERY & SOD, INC.



Principal Place of Business

15618 HUTCHINSON RD.  
TAMPA, FL 33625

Mailing Address

15618 HUTCHINSON RD.  
TAMPA, FL 33625



02132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3655680

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CALVO, LAZARO P  
15618 HUTCHINSON RD.  
TAMPA, FL 33625

**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 fee if applicable.

(NOTE: Registered Agent signature required when re-stating)

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 D  
NAME CALVO, LAZARO  
STREET ADDRESS 15618 HUTCHINSON RD.  
CITY-ST-ZIP TAMPA, FL 33625

TITLE D  
NAME CALVO, LIVAN  
STREET ADDRESS 15618 HUTCHINSON RD.  
CITY-ST-ZIP TAMPA, FL 33625

TITLE D  
NAME CALVO, JUAN P  
STREET ADDRESS 15618 HUTCHINSON RD.  
CITY-ST-ZIP TAMPA, FL 33625

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UG0000056744  
02/19/04-80032-012 150.00

**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)(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

02-17-04

Date

Daytime Phone #