


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90018 025 ***150.00

DOCUMENT # P00000071442 1. Entity Name CASTLE ROCK NURSERY, INC.	
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Principal Place of Business 31500 S.W. 187TH AVE HOMESTEAD, FL 33030	Mailing Address 31500 SW 187TH AVE. HOMESTEAD, FL 33030
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40041076



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1030868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOSNER, STEVEN D 65 N.W. 16TH STREET HOMESTEAD, FL 33030

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	V SPENCER, NEAL 31500 SW 187 AVE. HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLONINGER, JAMES 31500 SW 187 AVE. HOMESTEAD, FL 33030
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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**

2/18/05
Date

305-986-5099
Daytime Phone #