

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000103659**

1. Entity Name  
**CANGE'S NURSERY, INC.**



Principal Place of Business  
**912 CR 466  
LADY LAKE, FL 32159**

Mailing Address  
**912 CR 466  
LADY LAKE, FL 32159**



04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3688738**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILLIAMS, JOHN C  
601 SOUTH NINTH STREET  
LEESBURG, FL 34748**

**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 reconstituting) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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 **WISE, EDWARD G**  
STREET ADDRESS **36549 SKY CREST BOULEVARD**  
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE **D**  
NAME **WISE, LINDA K**  
STREET ADDRESS **36549 SKY CREST BOULEVARD**  
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/29/08-80119-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Linda Wise Linda Wise  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08  
Date

352-753-4544  
Daytime Phone #