

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90149 047 \*\*\*158.50

DOCUMENT # P01000044201

1. Entity Name  
PARR NURSERY, INC.



Principal Place of Business

301 S MILWEE ST  
LONGWOOD, FL 32750

Mailing Address

301 S. MILWEE STREET  
LONGWOOD, FL 32750

50012128



2. Principal Place of Business

308 Stonebridge Dr  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 915064  
Suite, Apt. #, etc.

04072006 Chg-P CR2E034 (11/05)

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

59-3714147

Applied For

Not Applicable

Zip

32779

Country

Seminole

Zip

32791

Country

Seminole

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, ROBERT C  
301 S MILWEE ST  
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name Philip E Ramsey

Street Address (P.O. Box Number is Not Acceptable)

308 Stonebridge Dr

City Longwood

FL

Zip Code

32779

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 the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/11/06  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME RAMSEY, PHILIP ☐ Delete  
STREET ADDRESS PO BOX 915064  
CITY-ST-ZIP LONGWOOD, FL 32791

TITLE ST  
NAME RAMSEY, RITA ☐ Delete  
STREET ADDRESS 308 STONEBRIDGE DR  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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

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

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 of 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

APR 11, 2006

407-672-4183

Date

Daytime Phone #