

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000062988

1. Entity Name
MORRISON NURSERY, INC.



Principal Place of Business

**10765 176TH ST.
MCALPIN, FL 32065**

Mailing Address

**PO BOX 39
MCALPIN, FL 32065**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3725955

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MORRISON, FRED
12268 117TH DRIVE
LIVE OAK, FL 32060**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO
MORRISON, FRED J
12268 117TH DR.
LIVE OAK, FL 32060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VO
MORRISON, SHERRY
10138 16TH STREET
MC ALPIN, FL 32062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
MORRISON, TERRY
10138 176 TH STREET
MC ALPIN, FL 32062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000478044
04/07/06-80015-008 150.00

**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: Fred J. Morrison, Pres. 3/22/06 386-362-1847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #