

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P02000028455

1. Entity Name
LAZY LEAF NURSERY, INC.



Principal Place of Business
**30 WEST MASHTA DRIVE
SUITE 400
KEY BISCAYNE, FL 33149**

Mailing Address
**30 WEST MASHTA DRIVE
SUITE 400
KEY BISCAYNE, FL 33149**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0613632

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PUYANIC, MAX D
30 WEST MASHTA DRIVE
SUITE 400
KEY BISCAYNE, FL 33149**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

00000028455
04/08/08-80002-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERTOLD, RICHARD S
28405 SW 170 AVE
HOMESTEAD, FL 33030**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERTOLD, RUSSELL A
25550 SW 147 AVE
HOMESTEAD, FL 33032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/08