

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2006 90155 001 \*\*\*158.75

**DOCUMENT # P02000072457**

1. Entity Name  
**BROCKWOOD NURSERIES, INC.**



Principal Place of Business  
**37021 CREPE MYRTLE LANE  
HILLIARD, FL 32046-1325**

Mailing Address  
**P.O. BOX 1325  
HILLIARD, FL 32046-1325**

00011100

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



03302006 Chg-P CR2E034 (11/05)

4. FEI Number  
**02-0627127**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BROCK, CHADWICK W  
37021 DOGWOOD LN  
HILLIARD, FL 32046-1325**

7. Name and Address of New Registered Agent  
Name **Brock, Chadwick W**  
Street Address (P.O. Box Number is Not Acceptable)  
**37021 Crepe Myrtle Lane**  
City **Hilliard** FL Zip Code **32046**

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 **Chadwick W. Brock** DATE **04-10-06**

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

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC BROCK, CHADWICK W 37021 DOGWOOD LN., PO BOX 1325 HILLIARD, FL 320461325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BROCK, PENNY D 37021 DOGWOOD LN., PO BOX 1325 HILLIARD, FL 320461325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLAIR, THOMAS 3447 JEANNIE RD., PO BOX 16770 CALLAHAN, FL 320111670 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Chadwick W. Brock** DATE **04-10-06** DAYTIME PHONE **(904) 845-7385**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR