

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P02000076502

1. Entity Name

SMITH ROSE NURSERY, INC.



Principal Place of Business

3412 EAST 16TH AVENUE
PALMETTO, FL 34221

Mailing Address

3412 EAST 16TH AVENUE
PALMETTO, FL 34221



02212008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4204112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, CALVIN J
7904 MEADOWCROFT PLACE
TAMPA, FL 33615

**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

UN00000850972
03/25/08-80019-018 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, CALVIN J
STREET ADDRESS 4404 WINDSOR OAKS CIRCLE
CITY-ST-ZIP MARIETTA, GA 300662323

TITLE D
NAME SMITH, MELVIN W
STREET ADDRESS 7904 MEADOWCROFT PLACE
CITY-ST-ZIP TAMPA, FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Calvin W. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-08

Date

Daytime Phone #

941-541-4053