


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P02000130402	
1. Entity Name CHENEY NURSERY, INC.	

Principal Place of Business P.O. BOX 5021 IMMOKALEE, FL 34143	Mailing Address P.O. BOX 5021 IMMOKALEE, FL 34143
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DO NOT WRITE IN THIS SPACE

01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1175965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHENEY, WAYNE 2704 STATE ST IMMOKALEE, FL 34142

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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 _____ (NOTE: Registered Agent signature required when reinstating)

1100000882149
04/16/08-80029-012 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHENEY, WAYNE P.O. BOX 5021 IMMOKALEE, FL 34143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST CHENEY, BILLIE JO P.O. BOX 5021 IMMOKALEE, FL 34143
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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: Wayne Cheney **4-3-08** **239-657-3644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone