2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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A.D. AND	DREWS NURSERY, INC.					FEB -7		
Principal Plac	ce of Business	Mailing Address	.1			RETARY LAHASSI		
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2. Principal Place of Business		3. Mailing Address						
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City & Sta	ate	City & State	· · · · · · · · · · · · · · · · · · ·	_	4. FEI Number	58620 DFOR	_ [ ]	Applied For
Zip	Country	Zip	Country		5. Certificate of Status Desire	ed 💥	\$8.75	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of No	w Registere	Fee Requi	
- ANI	Name	Name						
ANDREWS, A.D. 13 S.E. 1ST AVENUE CHIEFLAND FL 32626			Street Ad	dress (P	O. Box Number is Not Accep	table)		
			City				Zip C	ode
9 The show	e named entity submits this statement	for the ormose of changing it		anktora	ad agant or both in the State			
	ations of registered agent.	TO THE PURPOSE OF CHAINGING II	a registered office of t	egistor e	so agent, or boar, in the beats	orrioriga. To	an teninner w	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and tale if applicable (NC	TE Registered Agent signatur	record v	whon re-instaling)	DAT	· ·	·
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SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

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