

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000004453

1. Entity Name

A.D. ANDREWS NURSERY, INC.



FILED

05 FEB -7 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13 S.E. 1ST AVENUE
CHIEFLAND FL 32626

Mailing Address

POST OFFICE BOX 1126
CHIEFLAND FL 32644

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E034 (10/04)

02-0658624

4. FEI Number

APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREWS, A.D.
13 S.E. 1ST AVENUE
CHIEFLAND FL 32626

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-instating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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-STATE-ZIP
D
ANDREWS, A.D.
POST OFFICE BOX 1126
CHIEFLAND FL 32644 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; changed, or on an attachment with an address with all other like empowered

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-05

903-493-1194

Date

Daytime Phone #