2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000052738

1. Entity Name
CARA NURSERIES, INC.

Principal Place of Business	Mailing Address
5454 FOLIAGE WAY APOPKA, FL 32712	2060 LINDEN BLVD ELMONT, NY 11003

02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1466312
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARACCIOLO, JOSEPH SR.
5454 FOLIAGE WAY
APOPKA, FL 32712

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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 _____ _____
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARACCIOLO, JOSEPH SR
STREET ADDRESS	2060 LINDEN BLVD
CITY-ST-ZIP	ELMONT, NY 11003
TITLE	S
NAME	CARACCIOLO, CATHERINE
STREET ADDRESS	2060 LINDEN BLVD
CITY-ST-ZIP	ELMONT, NY 11003
TITLE	V
NAME	CARACCIOLO, JOSEPH A
STREET ADDRESS	2060 LINDEN BLVD
CITY-ST-ZIP	ELMONT, NY 11003
TITLE	V
NAME	CARACCIOLO, PAUL
STREET ADDRESS	2060 LINDEN BLVD
CITY-ST-ZIP	ELMONT, NY 11003
TITLE	V
NAME	CARACCIOLO, CHRISTOPHER
STREET ADDRESS	2060 LINDEN BLVD
CITY-ST-ZIP	ELMONT, NY 11003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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-03/11/05-80003-002 150.00

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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 if changed, or on an attachment with an address, with all other like empowered.

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