

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90013 034 ***158.75

DOCUMENT # P03000093916			
1. Entity Name R NURSEY DEVELOPMENT, INC.			
Principal Place of Business 1516 HACKNEY AVENUE ORLANDO, FL 32806		Mailing Address 1516 HACKNEY AVENUE ORLANDO, FL 32806	
2. Principal Place of Business 1516 HACKNEY AVE Suite, Apt. #, etc.		3. Mailing Address PO Box 560528 Suite, Apt. #, etc.	
City & State ORL FL		City & State ORLANDO FL	
Zip 32806	Country USA	Zip 32856	Country
6. Name and Address of Current Registered Agent NURSEY, RICHARD M 1516 HACKNEY AVENUE ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JAME 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: <i>[Signature]</i> Richard M. NURSEY PRESIDENT 2/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	P NURSEY, RICHARD M 1516 HACKNEY AVENUE ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUMBELOW, ROBERT 1516 HACKNEY AVENUE ORLANDO, FL 32806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> Richard M. NURSEY		Date: 2/28/06 407 247 3991 <small>Daytime Phone #</small>	