

**2006.FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000111492 1. Entity Name NURSEY ROAD INC.	
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Principal Place of Business P O BOX 252 LAND O LAKES, FL 34639 US	Mailing Address P O BOX 252 LAND O LAKES, FL 34639 US
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04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 20-0291045	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent CARRIGAN, THOMAS J 3910 NORTHDAL AVENUE SUITE 100 TAMPA, FL 33624
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**DO NOT WRITE
IN THIS SPACE**

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 is required when reissuing) DATE _____
Signature typed or printed name of registered agent and info if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR THOMAS, CARRIGAN 3910 NORTHDAL BLVD SUITE 100 TAMPA, FL 33624
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05/05/06-80001-002 150.00

**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: Thomas J. Carrigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06

813-964-5302

Date

Daytime Phone #