

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2007 08:00 AM
Secretary of State

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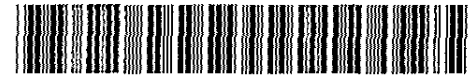
1. Entity Name

SULLIVAN'S WHOLESALE NURSERY, INC.



Principal Place of Business
2321 WASHBURN AVE. S.W.
NAPLES FL 34117

Mailing Address
2321 WASHBURN AVE. S.W.
NAPLES FL 34117



1st MOORE

CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-2426845**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SULLIVAN, THOMAS M JR.
2321 WASHBURN AVE. S.W.
NAPLES FL 34117

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]

1-24-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY, ST, ZIP	PST SULLIVAN, THOMAS M JR. 2321 WASHBURN AVE. S.W. NAPLES FL 34117	☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
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02/16/07-80008-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07 239-289-0425

Date

Daytime Phone #