

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90026 015 ***150.00

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1. Entity Name

CENTRAL WETLANDS NURSERY, INC.



Principal Place of Business

5582 HWY. 520
COCOA FL 32926

Mailing Address

5582 HWY. 520
COCOA FL 32926



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1211432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

KRSEK, RAYMOND
5582 HWY. 520
COCOA FL 32926

7. Name and Address of New Registered Agent

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 reinstating)

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

TITLE D ☐ Delete
NAME KRSEK, RAYMOND
STREET ADDRESS 3230 ERICA RD.
CITY-ST-ZIP COCOA FL 32926

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRES ☐ Change ☐ Addition
NAME KATHY WILKINSON
STREET ADDRESS 3230 ERICA ST
CITY-ST-ZIP COCOA FL 32926

TITLE SECRETARY - GEN. MNG. ☐ Change ☐ Addition
NAME JOE KRSEK
STREET ADDRESS 2007 MICHIGAN AVE
CITY-ST-ZIP COCOA FL 32922

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Raymond Krsek RAYMOND KRSEK

7-17-05

321-403-5074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

PO 3000146215

To Division of Corporations 50056536

My NAME is RAYMOND KESEK

I AM PRES. OF CENTRAL WETLANDS NURSERY.

I WAS NOT AWARE OF THE NEED TO APPLY
FOR A CORPORATION ANNUAL REPORT NOR DID I
RECEIVE A PRIOR APPLICATION TO FILL OUT.

ABOUT 7-1-05 I RECEIVED A
NOTICE OF INTENT TO DISSOLVE INDEX CARD
WHICH I FILLED OUT & SENT BACK TO YOU
THE SAME DAY. TWO DAYS AGO I RECEIVED THIS
APPLICATION TO FILL OUT, YOUR OFFICE SAID I
NEEDED TO WRITE THIS LETTER TO EXPLAIN
WHY I SHOULD BE RELEASED OF THE 400.⁰⁰
LATE FEE. THE ONLY REASON I CAN GIVE
YOU IS I JUST BECAME AN INC. COMPANY
LAST YEAR AND WAS UNAWARE OF THIS
APPLICATION, SO I ASK YOU TO PLEASE ALLOW
ME THIS MISTAKE THIS TIME.

VERY GREATFULL

Raymond Kesek
Raymond Kesek