


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P03000148101 1. Entity Name NEUVISIONS FULL SERVICE NURSERY, INC.	
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Principal Place of Business 1861 N. HARBOR CITY BLVD. MELBOURNE, FL 32935	Mailing Address 1861 N. HARBOR CITY BLVD MELBOURNE, FL 32935
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0455356	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COLE, MICHAEL 1861 N. HARBOR CITY MELBOURNE, FL 32935
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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 _____
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, 2007 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	P COLE, MICHAEL A 1861 N HARBOR CITY BLVD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLE, CHRIS 1861 N HARBOR CITY BLD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/02/07-80024-009 150.00

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #