


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90096 024 ***150.00

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|--|--|--|---|--|--|
| DOCUMENT # P04000028895 1. Entity Name DESOTO WHOLESALE NURSERY, INC. | | | |  | |
| Principal Place of Business 1184 NE CROSS AVENUE ARCADIA, FL 34266 | | | Mailing Address 1184 NE CROSS AVENUE ARCADIA, FL 34266 | | |
| 2. Principal Place of Business - No P.O. Box # 1232 NE CROSS AVE | | 3. Mailing Address 1232 NE CROSS AVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Arcadia, FL | | City & State Arcadia, FL | | 4. FEI Number 20-0744282 | |
| Zip 34266 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent AMES, ANDREW T 128 WEST OAK STREET ARCADIA, FL 34266 | | | | 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 _____ (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. <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 SHAVER, ROBERT L JR. 1355 NE MANLEY ROAD ARCADIA, FL 34266 <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 | TS SHAVER, CARRIE 1355 NE MANLEY ROAD ARCADIA, FL 34266 <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 | VP EVERETT, STEVEN P 112 FLOYD AVENUE S. LEHIGH ACRES, FL 33971 <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 | <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: <u>Carrie Shaver</u> | | | Date <u>4/30/07</u> Daytime Phone # <u>941-628-2722</u> | | |