

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90053 003 ***150.00

DOCUMENT # P04000035801

1. Entity Name
DEBARY NURSERY, INC.



Principal Place of Business
**61 S. HIGHWAY 17/92, SUITE B
DEBARY, FL 32713-3351 US**

Mailing Address
**61 S. HIGHWAY 17/92, SUITE B
DEBARY, FL 32713-3351 US**

40002648



2. Principal Place of Business

3. Mailing Address

61 S. CHARLES RICHARD BEALL BLVD. 61 CHARLES RICHARD BEALL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005

Chg-P

CR2E034 (10/03)

City & State

DEBARY, FL.

City & State

DEBARY, FL.

4. FEI Number

20-0771371

Applied For

Not Applicable

Zip

Country

32713-3351

Zip

Country

32713-3351

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

**MCCAIN, BEVERLY M
61 S. HIGHWAY 17/92
SUITE B
DEBARY, FL 32713**

Name

Street Address (P.O. Box Number is Not Acceptable)

61 S. CHARLES RICHARD BEALL BLVD.

City

DEBARY

FL

Zip Code

32713-3351

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

Beverly McCain

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

(NOTE: Registered Agent signature required when reinstating)

Jan. 14, 2005

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MCCAIN, BEVERLY M**
CITY-ST-ZIP **484 WOOD EDGE ROAD
ORANGE CITY, FL 32763**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MCCAIN, DOUGLAS**
CITY-ST-ZIP **484 WOOD EDGE ROAD
ORANGE CITY, FL 32763**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MCCAIN, BEVERLY M**
CITY-ST-ZIP **484 WOOD EDGE ROAD
ORANGE CITY, FL 32763**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MCCAIN, BEVERLY M**
CITY-ST-ZIP **484 WOOD EDGE ROAD
ORANGE CITY, FL 32763**

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

TITLE ☐ Delete
NAME **DIR**
STREET ADDRESS **MCCAIN, BEVERLY M**
CITY-ST-ZIP **484 WOOD EDGE ROAD
ORANGE CITY, FL 32763**

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

TITLE ☐ Delete
NAME **DIR**
STREET ADDRESS **MCCAIN, DOUGLAS**
CITY-ST-ZIP **484 WOOD EDGE ROAD
ORANGE CITY, FL 32763**

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: *Beverly McCain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEVERLY M. CAIN, PRES 1-14-05 (386) 668-4466

Date

Daytime Phone #