


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000035801</b> 1. Entity Name DEBARY NURSERY, INC.	
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Principal Place of Business 61 S CHARLES RICHARD BEALL BLVD DEBARY, FL 32713-3351 US	Mailing Address 61 S CHARLES RICHARD BEALL BLVD DEBARY, FL 32713-3351 US
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**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0771371 } Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCAIN, BEVERLY M  
61 S CHARLES RICHARD BEALL BLVD  
SUITE B  
DEBARY, FL 32713

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

000000391424  
01/24/06-80040-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCAIN, BEVERLY M 484 WOOD EDGE ROAD ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCAIN, DOUGLAS 484 WOOD EDGE ROAD ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCAIN, BEVERLY M 484 WOOD EDGE ROAD ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCAIN, BEVERLY M 484 WOOD EDGE ROAD ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MCCAIN, BEVERLY M 484 WOOD EDGE ROAD ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MCCAIN, DOUGLAS 484 WOOD EDGE ROAD ORANGE CITY, FL 32763

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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: Beverly McCain BEVERLY McCain, Pres. 01/13/06 (386) 668-4466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #