

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000092930
 1. Entity Name
BRONSON HEIGHTS FAMILY NURSERY INC



Principal Place of Business Mailing Address
10431 NE HIGHWAY 27 ALTERNATE **PO BOX 1635**
BRONSON, FL 32621 US **NEW BERRY, FL 32621 US**

DO NOT WRITE IN THIS SPACE



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-1270468 Not Applicable

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

6. Name and Address of Current Registered Agent
FLORES, GERARDO
10431 NE HIGHWAY 27 ALTERNATE
BRONSON, FL 32621

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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 reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLORES, GERARDO
STREET ADDRESS	10431 NE HIGHWAY 27 ALTERNATE
CITY-ST-ZIP	BRONSON, FL 32621
TITLE	VD
NAME	FLORES, FIDEL
STREET ADDRESS	10431 NE HIGHWAY 27 ALTERNATE
CITY-ST-ZIP	BRONSON, FL 32621
TITLE	TD
NAME	FLORES, VALENTIN
STREET ADDRESS	10431 NE HIGHWAY 27 ALTERNATE
CITY-ST-ZIP	BRONSON, FL 32621
TITLE	SD
NAME	FLORES, ADELAIDA
STREET ADDRESS	10431 NE HIGHWAY 27 ALTERNATE
CITY-ST-ZIP	BRONSON, FL 32621
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 05/11/06-80098-015 150.00

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: _____ **4/25/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #