

**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  
**10431 NE HIGHWAY 27 ALTERNATE  
BRONSON, FL 32621 US**

Mailing Address  
**PO BOX 1635  
NEW BERRY, FL 32621 US**



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1270468**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FLORES, GERARDO  
10431 NE HIGHWAY 27 ALTERNATE  
BRONSON, FL 32621**

**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 reissuing)

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**

**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

000000546043  
05/11/06-80098-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

4/25/06