


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 08:00 A
Secretary of State

DOCUMENT # P04000092930 1. Entity Name BRONSON HEIGHTS FAMILY NURSERY INC	
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Principal Place of Business 10431 NE HIGHWAY 27 ALTERNATE BRONSON, FL 32621 US	Mailing Address PO BOX 1635 NEW BERRY, FL 32621 US
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DO NOT WRITE IN THIS SPACE



02202007 No Chg-P CR2E034 (11/05)


4. FEI Number 20-1270468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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:  DATE: **2/23/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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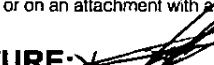
10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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03/07/07-80059-009 150.00

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:  DATE: **2/23/07** (352) 331-7841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR