

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P04000104662**

**1. Entity Name**

**MARIPOSA NURSERY, INC.**



**Principal Place of Business**

**5020 LORRAINE ROAD  
BRADENTON, FL 34211 US**

**Mailing Address**

**5020 LORRAINE ROAD  
BRADENTON, FL 34211 US**



01092006 No Chg-P CR2E034 (11/05)

**4. FEI Number**

**77-0641918**

**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**

**BRUN-WIBAU, FRANCOIS X  
5020 LORRAINE ROAD  
BRADENTON, FL 34211**

**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 the if applicable.

(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**

U000000383177  
01/12/06-80042-013 150.00

**10. OFFICERS AND DIRECTORS**

**TITLE DIR  
NAME BRUN-WIBAU, FRANCOIS X  
STREET ADDRESS 5020 LORRAINE ROAD  
CITY-ST-ZIP BRADENTON, FL 34211**

**TITLE DIR  
NAME BRUN-WIBAU, RONDELL M  
STREET ADDRESS 4970 LORRAINE ROAD  
CITY-ST-ZIP BRADENTON, FL 34211**

**TITLE PRES  
NAME BRUN-WIBAU, FRANCOIS X  
STREET ADDRESS 5020 LORRAINE ROAD  
CITY-ST-ZIP BRADENTON, FL 34211**

**TITLE VP  
NAME BRUN-WIBAU, RONDELL M  
STREET ADDRESS 4970 LORRAINE ROAD  
CITY-ST-ZIP BRADENTON, FL 34211**

**TITLE SEC  
NAME BRUN-WIBAU, FRANCOIS X  
STREET ADDRESS 5020 LORRAINE ROAD  
CITY-ST-ZIP BRADENTON, FL 34211**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**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 807, 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 #

941-747-0499