

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90037 024 ***150.00

DOCUMENT # P04000164488

1. Entity Name

MILAM LANDSCAPE NURSERY, INC.



Principal Place of Business
751 W. PLANT STREET
WINTER GARDEN FL 34787

Mailing Address
751 W. PLANT STREET
WINTER GARDEN FL 34787



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-2004893

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILAM, ANNIE E
751 W. PLANT STREET
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name WARREN, GLENDA

Street Address (P.O. Box Number is Not Acceptable)
424 STERLING LAKE DR.

City OCOEE

FL

Zip Code 34761

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 *Glenda Warren*
Glenda Warren

(NOTE: Registered Agent must be a resident of the State of Florida and when resigning)

Annie E. Milam 1/20/07
Annie E. Milam DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WARREN, GLENDA	
STREET ADDRESS	424 STERLING LAKE DRIVE	
CITY - ST - ZIP	OCOEE FL 34761	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILAM, ANNIE E	
STREET ADDRESS	751 W. PLANT STREET	
CITY - ST - ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Glenda Warren*
Glenda Warren

Annie E. Milam
Annie E. Milam

1/20/07
Date Days the Filing #