

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # P05000035360

1. Entity Name
SEMINOLE NURSERIES, INC.



Principal Place of Business
**13370 110TH AVENUE NORTH
LARGO, FL 33774**

Mailing Address
**13370 110TH AVENUE NORTH
LARGO, FL 33774**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2497257

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIVELLINI, PETER A
911 CHESTNUT STREET
CLEARWATER, FL 33756**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOHNEY, ALAN B SR 1337 110TH AVE N LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOHNEY, ALAN B JR 13370 110TH AVE N LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOHNEY, ALAN 13370 110TH AVE N LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000795510
01/28/08-80050-024 150.00

**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:

Alan B Mohney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2008

Date

727-224-8435

Daytime Phone #