

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90022 048 \*\*\*150.00

**DOCUMENT # P05000048129**

1. Entity Name  
**3R NURSERY & ACCESSORIES, INC.**



Principal Place of Business      Mailing Address  
**4765 HWY 441 SE**      **4765 HWY 441 SE**  
**OKEECHOBEE FL 34974**      **OKEECHOBEE FL 34974**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

State, Apt. #, etc.      State, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied Fee  
**51-0538410**      Not Applicable

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



1st MOORE      CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**RIVERA, REINALDO**  
**3128 NW 109 AVE**  
**SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	PD	<input type="checkbox"/> Delete
NAME	RIVERA, REINALDO	
STREET ADDRESS	3128 NW 109 AVE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	RIVERA, THELMA	
STREET ADDRESS	3128 NW 109 AVE	
CITY-ST-ZIP	SUNRISE FL 33351	
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		
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		

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: *Reinaldo Rivera*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08  
 Date