

***2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90012 048 ***150.00

DOCUMENT # P05000060168

1. Entity Name
GASPAR NURSERY, INC.



Principal Place of Business
**18820 SW 355 TERRACE
FLORIDA CITY, FL 33034 US**

Mailing Address
**18820 SW 355 TERRACE
FLORIDA CITY, FL 33034 US**

40043377



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2743866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEONARD, JOHN T
18820 SW 355 TERRACE
FLORIDA CITY, FL 33034**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P, T
NAME	GASPAR, SANTIAGO
STREET ADDRESS	18820 SW 355 TERRACE
CITY-ST-ZIP	FLORIDA CITY, FL 33034

TITLE	D
NAME	LEONARD, JOHN T
STREET ADDRESS	18820 SW 355 TERRACE
CITY-ST-ZIP	FLORIDA CITY, FL 33034

TITLE	D
NAME	AJUCUM, GERMAN
STREET ADDRESS	18820 SW 355 TERRACE
CITY-ST-ZIP	FLORIDA CITY, FL 33034

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-07
Date

Daytime Phone #