

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000000083

1. Entity Name
HASSELL NURSERY, INC.



Principal Place of Business
8467 HASSELL ROAD
JACKSONVILLE, FL 32221

Mailing Address
8467 HASSELL ROAD
JACKSONVILLE, FL 32221

FILED
Jan 31, 2007 08:00 AM
Secretary of State



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3155400

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

HASSELL, CLARA J
8467 HASSELL ROAD
JACKSONVILLE, FL 32221

**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
NAME
STREET ADDRESS
CITY- ST- ZIP
D
HASSELL, CLARA J
8467 HASSELL ROAD
JACKSONVILLE, FL 32221

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

000000613336
02/05/07-80034-005 150.00

**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:

Clara J Hassell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-07

Date

904-781-4855
Daytime Phone #