

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90278 040 ***150.00

DOCUMENT # P93000044051

1. Entity Name

B. G. KATZ NURSERIES, INC.



Principal Place of Business

8310 HAVERHILL EXT RD
BOYNTON BEACH, FL 33463 US

Mailing Address

8310 HAVERHILL EXT RD
BOYNTON BEACH, FL 33463 US

DO NOT WRITE IN THIS SPACE



03052005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0422927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZ, BORIS
6021 OLD COURT ROAD
1107
BOCA RATON, FL 33433

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KATZ, BORIS
STREET ADDRESS 6021 OLD COURT RD., #1107
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE S
NAME KATZ, ILANA
STREET ADDRESS 6021 OLD COURT RD, #1107
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE D
NAME AFTON, ROBERT
STREET ADDRESS 8310 HAVERHILL EXT RD
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-05 561 218-2811