


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90019 048 \*\*\*150.00

DOCUMENT # P94000031167		
1. Entity Name MERISTEM NURSERY, INC.		

Principal Place of Business 18740 S.W. 218 ST. GOULDS, FL 33170	Mailing Address 18740 S.W. 218 ST. GOULDS, FL 33170
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2. Principal Place of Business - No P.O. Box # <u>23301 SW 153 CT</u>	3. Mailing Address <u>23301 SW 153 CT</u>
Suite, Apt. #, etc. <u>HOMESTEAD FL</u>	Suite, Apt. #, etc.
City & State	City & State <u>HOMESTEAD, FL</u>
Zip <u>33032</u>	Country <u>USA</u>



02282007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0486718	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SMYTHE, JOSEPH D 18740 S.W. 218 ST. GOULDS, FL 33170	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code
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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 Joseph D Smythe DATE 2/28/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SMYTHE, JOSEPH D 18740 S.W. 218 ST. GOULDS, FL 33170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SMYTHE JOSEPH D 23301 SW 153 CT HOMESTEAD, FL 33032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joseph D Smythe DATE 2/28/2007 DAYTIME PHONE # 305 458 1531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR