

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000045377	
1. Entity Name SUMMERDALE NURSERY, INC.	
Principal Place of Business 14226 COUNTY LINE ROAD #1 HUDSON, FL 34667	Mailing Address 14226 COUNTY LINE ROAD #1 HUDSON, FL 34667



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3271855	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 FERRA, STEPHEN A P.A. 1421 COURT STREET STE. F CLEARWATER, FL 34616		DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE 04/18/05-80050-011 150.00
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REEMA, WILLIAM D 14226 COUNTY LINE ROAD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REEMAN, PATRICIA M 14226 COUNTY LINE ROAD HUDSON, FL 34667
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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 exemption stated in Section 119.07(3)(f), 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: *William Reema* **4/15/05 (727) 856 0449**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #