

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)-

FILED

Jan 31, 2005 08:00 AM  
Secretary of State

DOCUMENT # P95000068550

1. Entity Name

IVY LANE NURSERY, INC.



Principal Place of Business

808 E 10TH ST  
APOPKA FL 32703

Mailing Address

808 E 10TH ST  
APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3334340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, GEORGE A  
808 E 10TH ST  
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

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 of individual 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME THOMAS, GEORGE A  
STREET ADDRESS 808 E 10TH ST  
CITY, ST, ZIP APOPKA FL 32703

TITLE STD ☐ Delete  
NAME THOMAS, SANDRA  
STREET ADDRESS 808 E 10TH ST.  
CITY, ST, ZIP APOPKA FL 32703

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY, ST, ZIP

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:

*Sandra K. Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra K. Thomas

1-27-05

407-886-8390

Date

Daytime Phone #