

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

17. **FILED**
Mar 06, 2008 8:00 am
Secretary of State

01-23-2008 90009 040 ***150.00

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Entity Name
GORDONS NURSERY II, INC.



Principal Place of Business
**125 W D ROAD
LOXAHATCHEE, FL 33470**

Mailing Address
**125 W D ROAD
LOXAHATCHEE, FL 33470**

DO NOT WRITE IN THIS SPACE

66002603



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0618655

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GORDON, JAMES JR
125 W D ROAD
LOXAHATCHEE, FL 33470**

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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]* **1-17-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
GORDON, JAMES JR
125 WD ROAD
LOXAHATCHEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-08

DATE DAYTIME PHONE #