

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000081827

1. Entity Name  
MCCURDY NURSERY, INC.



Principal Place of Business  
24900 SOUTHWEST 197TH AVENUE  
HOMESTEAD, FL 33031

Mailing Address  
24900 SOUTHWEST 197TH AVENUE  
HOMESTEAD, FL 33031



04052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
65-0629546

Applied For  
Not Applied For

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

**6. Name and Address of Current Registered Agent**

PASTRAN, RAUL  
333 NE 8TH STREET  
HOMESTEAD, FL 33030

**DO NOT WRITE  
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 of officer or director or registered agent or other authorized person (Print name and title of officer or director or registered agent or other authorized person)

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	PTSD
NAME	MCCURDY, ROBERT
STREET ADDRESS	24900 SOUTHWEST 197TH AVENUE
CITY ST ZIP	HOMESTEAD, FL 33031

TITLE	
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U000000302377  
04/13/05-80070-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or subpoena, 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 another, be empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT MCCURDY