


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000081494 1. Entity Name BAMBOO HAMMOCK NURSERY, INC.	
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Principal Place of Business 16991 SW 266 TERRACE HOMESTEAD, FL 33031	Mailing Address 16991 SW 266 TERRACE HOMESTEAD, FL 33031
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DO NOT WRITE IN THIS SPACE



06302006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0702959	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILSON, RODGER 16991 SW 266 TERR HOMESTEAD, FL 33031
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, ROGER 16991 SW 266 TERR HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILSON, KATHLEEN 16991 SW 266 TERR HOMESTEAD, FL 33031
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000567955 07/05/06-90004-001 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: <u>Kathleen Wilson</u> <u>Kathleen Wilson, J. Peas</u> ⁽³⁰⁵⁾ <u>248-7301</u>	Date _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		