

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000001297	
1. Entity Name URQUHART'S NURSERY, INC.	

Principal Place of Business P.O. BOX 191 ZELLWOOD, FL 32798	Mailing Address P.O. BOX 191 ZELLWOOD, FL 32798
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3422331	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GREENLEE, KURRAS, RICE & BROWN, PA
627 DONNELLY STREET
MOUNT DORA, FL 32757**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URQUHART, MICHAEL L 4515 ONDICH ROAD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URQUHART, RENEE A 4515 ONDICH ROAD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/23/06-80029-007 150.00

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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: *RENEE URQUHART* **RENEE URQUHART** 4/12/06 407.886.4965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #