

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90043 043 ***150.00

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1. Entity Name

JAMES VERKADE'S NURSERY, INC.



Principal Place of Business

**7475 S. RHODER PT.
LECANTO FL 34461-8267**

Mailing Address

**7475 S. RHODER PT.
LECANTO FL 34461-8267**

24023258



MOORE GR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3447404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VERKADE, JAMES
7475 S. RHODER PT.
LECANTO FL 34461-8267**

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, typed 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, 2004 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 **D** ☐ Delete
NAME **VERKADE, JAMES**
STREET ADDRESS **7475 S. RHODER PT.**
CITY-ST-ZIP **LECANTO FL 34461-8267**

TITLE **V** ☐ Delete
NAME **VERKADE, DEBRA JOY**
STREET ADDRESS **7475 S. RHODER PT.**
CITY-ST-ZIP **LECANTO FL 34461**

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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TITLE ☐ Change ☐ Addition
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:

James Verkaide

JAMES VERKADE

PRESIDENT

Date

3/15/2004

Daytime Phone #

352 628 5865