

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000075822

1. Entity Name
HIDDEN FOX NURSERY, INC.



Principal Place of Business

**9603 SAFOX BROWN RD.
INDIANTOWN, FL 34956**

Mailing Address

**9603 SAFOX BROWN RD.
INDIANTOWN, FL 34956**

DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0838548

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVERSA, JEFFREY N
DAVERSA AND MARTYN, P.A.
218 US HWY ONE, STE. 202
TEQUESTA, FL 33469**

**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, 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**

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
**DP
SIEFKER, MICHELLE
15952 SW MORGAN ST.
INDIANTOWN, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
PADGETT, SUSAN W
9603 SW FOX BROWN RD.
INDIANTOWN, FL 34956**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAYLOR, WILLIAM J JR
3900 COUNTY LINE RD, #12B
TEQUESTA, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000106563
04/08/04-80020-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04

772-597-2385