

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90026 042 ***150.00

DOCUMENT # P97000104119

1. Entity Name
SPRINGFIELD NURSERY, INC.



Principal Place of Business

**1141 TRANSMITTER RD
PANAMA CITY, FL 32401**

Mailing Address

**1141 TRANSMITTER RD
PANAMA CITY, FL 32401**

4000000000



DO NOT WRITE IN THIS SPACE

01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3482007

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PITTS, DAVID L SR.
1141 TRANSMITTER RD
PANAMA CITY, FL 32401**

**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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
PITTS, DAVID L SR
1141 TRANSMITTER RD
PANAMA CITY, FL 32401**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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)(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:

David L. Pitts Sr.

David L. Pitts Sr.

Date

Daytime Phone #

1-18-05 850-763-2693