

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90215 041 ***150.00

DOCUMENT # P98000000313

1. Entity Name

SHERBURN DAKIN & SON NURSERY, INC.



Principal Place of Business

5916 ELLENTON GILLETTE ROAD
PALMETTO FL 34221

Mailing Address

5916 ELLENTON GILLETTE ROAD
PALMETTO FL 34221

2. Principal Place of Business

3. Mailing Address

~~6356 36th AVE E~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~Palmetto FL~~

Zip

Country

Zip

Country

~~34221~~

~~FL~~

4. FEI Number

65-0803210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DAKIN, SHERBURN F~~
~~5916 ELLENTON GILLETTE ROAD~~
~~PALMETTO FL 34221~~

Name

KIRT S. DAKIN

Street Address (P.O. Box Number is Not Acceptable)

~~6356 36th AVE EAST~~

5916 36th AVE EAST

City

PALMETTO

FL

Zip Code

34221

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

Kirt S. Dakin KIRT S. DAKIN PRESIDENT

4/13/05

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAKIN, KIRT S 5916 ELLENTON GILLETTE ROAD PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DAKIN, SHERBURN F 5916 ELLENTON GILLETTE ROAD PALMETTO FL 34221	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DAKIN, PEGGY J 5916 ELLENTON GILLETTE ROAD PALMETTO FL 34221	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD IZZO-DAKIN, REBECCA 5916 ELLENTON GILLETTE ROAD PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD IZZO-DAKIN REBECCA 5916 ELLENTON GILLETTE RD PALMETTO FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Kirt S. Dakin KIRT S. DAKIN PRESIDENT 4/13/05 722-7820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #