2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000013109

1. Entity Name
SMITH'S NURSERY OF CENTRAL FLORIDA, INC.

Principal Place of Business
115 ATLANTIC AVE
MASCOTTE FL 34753

Mailing Address
115 ATLANTIC AVE
MASCOTTE FL 34753

1st MOORE CR2E034 (10/05)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3492518 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, DREW
115 ATLANTIC AVE
MASCOTTE FL 34753

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, 2006 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	SMITH, A.K.	115 ATLANTIC AVE	MASCOTTE FL 34753	☐
D	SMITH, DREW	3311 CLAY AVE	ORLANDO FL 32804	☐
D	MATTISON, OTIS W III	4454 AG ROAD	GROVELAND FL 34736	☐
S	BALL, JENNIFER L	300 ATLANTIC AVE	MASCOTTE FL 34753	☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Add
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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02/23/06 00003-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Albert K. Smith ALBERT K. SMITH 2/9/06 (352) 429-2085