

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P98000025075



1. Entity Name
PINE LAKE NURSERY & LANDSCAPE, INC.

Principal Place of Business
19619 N. DALE MABRY HWY
LUTZ, FL 33548

Mailing Address
19619 N. DALE MABRY HWY
LUTZ, FL 33548



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3499734

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, IVAN ORELSON
19619 N. DALE MABRY HWY
LUTZ, FL 33548

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000899861
04/29/08-80007-005 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARTINEZ, IVAN ORELSON
STREET ADDRESS 19619 N DALE MABRY HWY
CITY-ST-ZIP LUTZ, FL 33548

TITLE VP
NAME MARTINEZ, WILLIAM
STREET ADDRESS 19619 N DALE MABRY HWY
CITY-ST-ZIP LUTZ, FL 33548

TITLE TS
NAME MARTINEZ, MARIA A
STREET ADDRESS 19619 N DALE MABRY HWY
CITY-ST-ZIP LUTZ, FL 33558

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08 813-917-1178
Date Daytime Phone #