

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90168 001 \*\*\*300.00

**DOCUMENT # P98000057882**

1. Entity Name

TAYTREE NURSERY OF THE PALM BEACHES, INC.



Principal Place of Business

13198 US HWY 441  
CANAL POINT, FL 33438 US

Mailing Address

P.O. BOX 567  
CANAL POINT, FL 33438 US

**66015887**



07252008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0860643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

TAYLOR, ROGER L  
13198 US HWY 441  
CANAL POINT, FL 33438

**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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME TAYLOR, ROGER L  
STREET ADDRESS 13198 US HWY 441  
CITY-ST-ZIP CANAL POINT, FL 33438

TITLE V  
NAME BOLLEN, ROSALIE  
STREET ADDRESS 13198 US HWY 441  
CITY-ST-ZIP CANAL POINT, FL 33438

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

**7/31/08**  
Date

Daytime Phone # \_\_\_\_\_