

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90035 047 ***150.00

DOCUMENT # P98000069208

1. Entity Name

SANDS SUNSET VISTA NURSERY, INC.



Principal Place of Business

900 SUNSET VISTA DRIVE
FORT MYERS FL 33919

Mailing Address

900 SUNSET VISTA DRIVE
FORT MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number 65-0852171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SANDS, THERESA P
900 SUNSET VISTA DRIVE
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name RAYMOND J SANDS

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

900 SUNSET VISTA DRIVE

City FORT MYERS

FL

Zip Code 33919

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

RAYMOND J SANDS PRESIDENT (PTS) MARCH 21, 2005

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

TITLE D ☐ Delete
NAME SANDS, THERESA P
STREET ADDRESS 900 SUNSET VISTA DRIVE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE PTS ☐ Delete
NAME SANDS, RAYMOND J
STREET ADDRESS 900 SUNSET VISTA DR
CITY-ST-ZIP FORT MYERS FL 33919

TITLE V ☐ Delete
NAME SANDS, MICHAEL D
STREET ADDRESS 809 SUNSET VISTA DR
CITY-ST-ZIP FORT MYERS FL 33919

TITLE D ☐ Delete
NAME SANDS, STEVEN A
STREET ADDRESS 8817 SOMERSET BLVD
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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

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 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

RAYMOND J SANDS

Date

Daytime Phone #

(239) 481-4342

MARCH 21, 2005