

FILED
Apr 27, 2006 8:00 am
Secretary of State

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DOCUMENT # P98000081603

1. Entity Name
MYAKKA RIVER NURSERY, INC.



Principal Place of Business
2170 ENGLEWOOD ROAD
ENGLEWOOD, FL 34223

Mailing Address
2170 ENGLEWOOD ROAD
ENGLEWOOD, FL 34223

2. Principal Place of Business
2170 Englewood Rd.

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Englewood

City & State

Zip
34223

Country
Sarasota

Zip

Country

6. Name and Address of Current Registered Agent
HOLLAND, FREDDIE J
2170 ENGLEWOOD ROAD
ENGLEWOOD, FL 34223

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: *Freddie J. Holland*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-25-06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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
P
HOLLAND, FREDDIE J
2170 ENGLEWOOD ROAD
ENGLEWOOD, FL 34223
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: *Freddie J. Holland* FREDDIE J. HOLLAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06
Date

Daytime Phone #

Secretary of State

04-27-2006 90191 028 ***150.00

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04192006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1410929
Applied For
Not Applicable

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