


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000105824 1. Entity Name BUCKHORN NURSERY, INC.	
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Principal Place of Business 475 LAMBERT RD. ZOLFO SPRINGS, FL 33890	Mailing Address 475 LAMBERT RD. ZOLFO SPRINGS, FL 33890
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0885030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAMBERT, RONALD B 475 LAMBERT RD. WAUCHULA, FL 33873

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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, 2005 Fee will be \$350.00**

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 LAMBERT, RONALD B 475 LAMBERT RD. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMBERT, MARGARET D 475 LAMBERT RD. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMBERT, RONALD P 514 BOYD COWART RD. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMBERT, HAROLD A 715 BOYD COWART RD. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMBERT, BRIAN SCOTT 1842 ODEN RD. WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/05-80141-001 150.00

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IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald Lambert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #