

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90035 050 ***150.00

DOCUMENT # P98000105824

1. Entity Name
BUCKHORN NURSERY, INC.



Principal Place of Business
475 LAMBERT RD.
ZOLFO SPRINGS, FL 33890

Mailing Address
475 LAMBERT RD.
ZOLFO SPRINGS, FL 33890



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0885030

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, RONALD B
475 LAMBERT RD.
WAUCHULA, FL 33873

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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LAMBERT, RONALD B
STREET ADDRESS 475 LAMBERT RD.
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE S ☐ Delete
NAME LAMBERT, MARGARET D
STREET ADDRESS 475 LAMBERT RD.
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE V ☐ Delete
NAME LAMBERT, RONALD P
STREET ADDRESS 514 BOYD COWART RD.
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE V ☐ Delete
NAME LAMBERT, HAROLD A
STREET ADDRESS 715 BOYD COWART RD.
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE V ☐ Delete
NAME LAMBERT, BRIAN SCOTT
STREET ADDRESS 1842 ODEN RD.
CITY-ST-ZIP WAUCHULA, FL 33873

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

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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 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: *Ronald B Lambert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 29 07 *863-773-6662*
Date Daytime Phone #