2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 08, 2008 8:00 am
Secretary of State
04-24-2008 90103 035 ****50.00
06-04-2008 90008 005 ***100.00

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1. Entity Name
BULGER NURSERY, INC.

Principal Place of Business	Mailing Address
6715 POLEY CREEK DR. W. LAKELAND, FL 33811	P. O. BOX 1305 MULBERRY, FL 33860

66015093

04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3573323
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BULGER, MELODY
6715 POLEY CREEK DR W.
LAKELAND, FL 33811

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BULGER, MELODY B
STREET ADDRESS	6715 POLEY CREEK DR. W
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	D
NAME	BULGER, JAMES M JR
STREET ADDRESS	6715 POLEY CREEK DR. W
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	D
NAME	BULGER, J MICHAEL
STREET ADDRESS	6715 POLEY CREEK DR. W
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #