


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000103148	
1. Entity Name ORANGE GATE NURSERY, INC.	

Principal Place of Business 13736 STRINGFELLOW ROAD BOKEELIA, FL 33922	Mailing Address 16262 ANTIGUA WAY BOKEELIA, FL 33922
--	--



01172006 No Chg-P CRZE034 (11/05)

4. FEI Number 65-0965586	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
CHAPMAN, G. BRUCE 16262 ANTIGUA WAY BOKEELIA, FL 33922	

**DO NOT WRITE
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: *G. Bruce Chapman* *G. BRUCE CHAPMAN, Pres* *1/19/06*
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, 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	PVP CHAPMAN, G BRUCE 16262 ANTIGUA WAY BOKEELIA, FL 33922
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T CHAPMAN, BRYAN K 8341 SW 14TH STREET MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S CHAPMAN, BRYAN K 8341 SW 14TH ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

000000397183
01/30/06-80038-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *G. Bruce Chapman* *G. BRUCE CHAPMAN, Pres* *1/19/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #