

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # S99228 1. Entity Name RICHBOURG NURSERY, INC.					
Principal Place of Business 99 RICHBOURG RD MONTICELLO FL 32344			Mailing Address 99 RICHBOURG RD MONTICELLO FL 32344		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3098498	
5. Certificate of Status Desired ☐		Applied For Not Applicable			
6. Name and Address of Current Registered Agent RICHBOURG, LYNNETTE M. 99 RICHBOURG RD MONTICELLO FL 32344				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				1st MOORE CR2E034 (10/05)	
SIGNATURE _____ (NOTE: Registered Agent signature required when renesting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHBOURG, LYNNETTE M 99 RICHBOURG RD MONTICELLO FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHBOURG, JOHN 99 RICHBOURG RD MONTICELLO FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHBOURG, JOHN 99 RICHBOURG RD MONTICELLO FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHBOURG, JOHN 99 RICHBOURG RD MONTICELLO FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHBOURG, JOHN 99 RICHBOURG RD MONTICELLO FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHBOURG, JOHN 99 RICHBOURG RD MONTICELLO FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHBOURG, JOHN 99 RICHBOURG RD MONTICELLO FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHBOURG, JOHN 99 RICHBOURG RD MONTICELLO FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHBOURG, JOHN 99 RICHBOURG RD MONTICELLO FL	☐ Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John Richbourg John Richbourg 2/14/06 850-997-3764