


**2008-FOR PROFIT CORPORATION
ANNUAL REPORT**

CK # FILED
Feb 27, 2008 08:00 AM
4 Secretary of State
2/21/08

DOCUMENT # S99228 1. Entity Name RICHBOURG NURSERY, INC.	
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Principal Place of Business 99 RICHBOURG RD MONTICELLO, FL 32344	Mailing Address 99 RICHBOURG RD MONTICELLO, FL 32344
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3098498	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 RICHBOURG, LYNNETTE M. 99 RICHBOURG RD MONTICELLO, FL 32344
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**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 _____
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, 2008 Fee will be \$550.00**

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

1100000840733
03/07/08-80004-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHBOURG, LYNNETTE M 99 RICHBOURG RD MONTICELLO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHBOURG, JOHN 99 RICHBOURG RD MONTICELLO, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #