

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # V23176**



1. Entity Name

DRYMON'S PLANT NURSERY, INC.

Principal Place of Business  
2601 11TH AVENUE S.E.  
RUSKIN FL 33570

Mailing Address  
2601 11TH AVENUE S.E.  
RUSKIN FL 33570



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

4. FEI Number **59-3113265**

Applied For  
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

DRYMON, LUCIA K.  
2601 11TH AVENUE S.E.  
RUSKIN FL 33570

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, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

TITLE	P	<input type="checkbox"/> Delete
NAME	DRYMON, DANIEL W	
STREET ADDRESS	2601 11TH AVENUE SE	
CITY-STATE-ZIP	RUSKIN FL 33570	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DRYMON, LUCIA K	
STREET ADDRESS	2601 11TH AVENUE SE	
CITY-STATE-ZIP	RUSKIN FL 33570	
TITLE	S	<input type="checkbox"/> Delete
NAME	DRYMON, JASON W	
STREET ADDRESS	2601 11TH AVENUE SE	
CITY-STATE-ZIP	RUSKIN FL 33570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition
U00000622178 02/13/07-80015-010 150.00
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Lucia K. Drymon* **Vice. PRES** **2-2-07** **813-645-1739**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #