


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V36743 1. Entity Name HOWARD & LYNN'S LINER NURSERY, INC.		
Principal Place of Business 2307 BENNETT ROAD PLANT CITY, FL 33565	Mailing Address 2307 BENNETT ROAD PLANT CITY, FL 33565	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BENNETT, HOWARD 2307 BENNETT ROAD PLANT CITY, FL 33565		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 _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY ST ZIP	D BENNETT, HOWARD 2307 BENNETT ROAD PLANT CITY, FL	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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 another I've empowered.		
SIGNATURE: <u><i>Lynn Bennett</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3126352	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

UN00000249286
03/02/05-80023-018 150.00