

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # V71731

1. Entity Name
ALSON'S NURSERY, INC.



Principal Place of Business
**10655 61ST ST SO
LAKE WORTH, FL 33467 US**

Mailing Address
**9750B W SAMPLE RD
CORAL SPRINGS, FL 33065 US**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0373501

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**KUPFER, PAUL H.
1700 UNIVERSITY DR
CORAL SPRINGS, FL 33071**

**DO NOT WRITE
IN THIS SPACE**

9. 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, 2006 Fee will be \$550.00**

11. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000443596

03/06/06-80016-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMER, RICHARD D 9750B W SAMPLE RD CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMMER, DAVID L 9750B W SAMPLE RD CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMMER, STEVEN J 9750B W SAMPLE RD CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMMER, ALAN M 9750B W SAMPLE RD CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

STEVEN J. HAMMER

2/10/06 (954) 752-5001

Date

Daytime Phone #