# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 649387

Entity Name: WHITE SAND NURSERIES, INC.

## **Current Principal Place of Business:**

602 HERMIT SMITH ROAD APOPKA, FL 32703

## **Current Mailing Address:**

P.O. BOX 968 PLYMOUTH. FL 32768 US

# FEI Number: 59-1955949

### Name and Address of Current Registered Agent:

CINCOTTA, JAMES 4980 SE INLET ISLE WAY STUART, FL 34997 US

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.

### SIGNATURE: JAMES CINCOTTA

Electronic Signature of Registered Agent

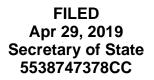
## **Officer/Director Detail :**

Title	PD
Name	GILDEA, WILLIAM A
Address	368 WASHINGTON STREET 206
City-State-Zip:	DEDHAM MA 02026

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM A. GILDEA

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

04/29/2019

Date

04/29/2019 Date

DULY AUTHORIZED