

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G83016

**Entity Name:** SABAL OAK NURSERY, INC.

**Current Principal Place of Business:**

631 NE 18TH AVE.  
FT. LAUDERDALE, FL 33304

**Current Mailing Address:**

631 NE 18TH AVE.  
FT. LAUDERDALE, FL 33304

**FEI Number:** 59-2400451

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STORELLI, JOHN  
631 NE 18 AVE.  
FT. LAUDERDALE, FL 33304 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PTSD  
Name STORELLI, JOHN  
Address 631 NE 18 AVE.  
City-State-Zip: FT. LAUDERDALE FL 33304

*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:** JOHN STORELLI

**PRESIDENT**

**04/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date