



Florida Department of Agriculture and Consumer Services

AGRICULTURAL PRODUCTS DEALER CLAIM FORM

Section 604.21, Florida Statutes

Make check payable and submit forms to:

Florida Department of Agriculture and Consumer Services
Post Office Box 6700
Tallahassee, Florida 32314-6700

Phone (850) 922-0153
Fax (850) 921-8312

CHARLES H. BRONSON
COMMISSIONER

NOTE: Incomplete filings may delay the processing of your claim. Please retain a copy of this form for your files.
Note: All documents and attachments submitted with this claim are subject to public review pursuant to Chapter 119, F.S.

1. Type of Claim:

I am filing this claim as a

Producer Agent Licensed Agricultural Products Dealer License Number 68971-3

2. Legal name of Claimant (Producer, Agent, or Licensed Dealer):

Horizon Nursery of Florida, LC
(Individual's name, partners names, corporate name, co-op, etc.)

3. Trade name of Claimant (d/b/a, fictitious name, etc.):

4. Telephone Number of Claimant:

(772) - 562 - 5789 Ext. _____

5. Complete mailing address of Claimant:

Street Address or P.O. Box: 795 12th Ave SW
City: Vero Beach State: FL Zip: 32962

6. Legal name of Respondent (Dealer):

Palm Valley Gardens, LLC
(Individual's name, partners names, corporate name, co-op, etc.)

7. Trade name of Respondent (d/b/a, fictitious name, etc.):

DO NOT WRITE IN THIS SPACE

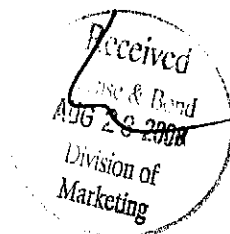
Org Code: 42060400000 EO: A2

Object Code: 001134

09-02584060-0001

50.00 08/26/2008

Dep#991481



8. Telephone Number of Respondent:
 (904) - 543 - 7777 Ext. _____

9. Complete mailing address of Respondent:
 Street Address or P.O. Box: 4975 Palm Valley Rd
 City: Port Vendra State: FL Zip: 32082

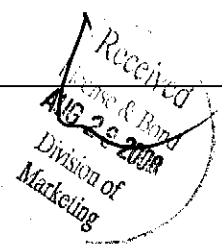
10. Legal name of Co-Respondent (Surety Company or Financial Institution):
 State Farm Fire + Casualty Company

11. Complete mailing address of Co-Respondent:
 Street Address or P.O. Box: 1 State Farm Plaza
 City: Bloomington State: IL Zip: 61710

12. Transaction(s): Claimants filing a claim as a producer's agent must also complete Item 14:
 (Attach additional pages as necessary using same format.)

<u>DATE OF SALE</u>	<u>QUANTITY, PRODUCTS AND PRICE PER UNIT</u>	<u>INVOICE AMOUNT</u>
5/20/08	See invoice 115851 attached	2,509.50
	less payments applied	
	59.29	
	250.00	
	317.00	
	500.00	
	<u>1,126.29</u>	
		- 1,126.29

13. Claim Total (Minimum Claim must equal \$500): \$ 1,383.21
 Claim Filing Fee \$ 50.00
 Grand Total \$ 1,433.21



FOR PRODUCER'S AGENT ONLY (Attach additional pages as necessary using same format.)

14. The producers of agricultural products involved in this claim are as follows:

- 1. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 2. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 3. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 4. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 5. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____

15. The transaction(s) listed in Item 12 were made upon the conditions and manner as follows:

Terms of Sale:

F.O.B. Delivered Other Explain _____

Purchased by Palm Valley Gardens, LLC
(Respondent, Agent, or Employee)

Manner of Purchase:

After Inspection By Telephone By Telegram

Other Explain _____

Purchased from Horizon Nursery of Florida, LC
(Claimant, Agent or Employee)

16. In support of this claim, attached hereto is the following documentary evidence:

- Invoice(s) Receipt(s) Manifest
- Inspection Certificate Shipping Order Telegram
- Other Explain Signed delivery sheet + statement

monthly statement
Receipt & Bond
AUG 28 2008
Division of
Marketing

17. I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN ANSWER TO QUESTIONS 1-16, AND IN THE EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT.

I DECLARE THAT: (Select one)

- Claimant, as listed in Item 2, is the producer of the agricultural products listed in Item 12, which were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.
- Claimant, as listed in Item 2, is the agent of the Florida producer(s) listed in Item 14. The agricultural products listed in Item 12 were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.
- Claimant, as listed in Item 2, is a dealer in agricultural products as defined in Section 604.15(1), FS, and was properly licensed by the Department at the time of the transactions described in Item 12. The agricultural products listed in Item 12 were produced in St. Lucie County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.

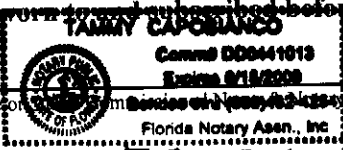
Sign Here (The individual signing this claim must be an owner, partner, or, in the case of a corporation or co-op, an officer of claimant.)

Signature: [Handwritten Signature]

Print Name: Christopher D. Smith Title: Managing Member

Before me, the undersigned, personally appeared (Owner, Partner or Officer) Christopher D. Smith, who states that he or she has read and understands the statements in Item 17 of this claim and that all foregoing items are true and correct.

Form transmitted as described before me this 13th day of AUGUST, 2008.



(Print, Type or Stamp Name of Notary Public)

[Handwritten Signature]
(Signature of Notary Public)

Personally Known or Produced Identification Type of Identification Produced _____

My Commission Expires 6/15/2009

Claimant must submit the original and two copies of the claim form (each bearing original signatures and notarizations) together with three copies of all evidence documenting the sale(s). Claimant must provide a \$50 filing fee for each claim filed with the Department.

