


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 452136 1. Entity Name BERNECKER'S NURSERY, INC.	
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Principal Place of Business 16900 S.W. 216TH STREET GOULDS, FL 33170	Mailing Address 16900 S.W. 216TH STREET GOULDS, FL 33170
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1539969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BERNECKER, ROBERT  
 16900 SOUTHWEST 216TH STREET  
 GOULDS, FL 33170

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GEBHART, JEFF J 16900 SOUTHWEST 216TH STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERNECKER, ROBERT 16900 SW 216TH ST MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 01/25/08-80007-021 150.00

**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: *Robert Bernecker* 1/9/08 39 22 5627  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone