

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121636

FILED  
Jan 22, 2010  
Secretary of State

Entity Name: HALL'S NURSERIES OF MANDARIN, INC.

**Current Principal Place of Business:**

11524 SAN JOSE BLVD.  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

11524 SAN JOSE BLVD.  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 80-0002776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HALL, JOSEPH D  
2140 TREASURE POINT ROAD  
GREEN COVE SPRINGS, FL 32043 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HALL, JOSEPH D  
Address: 2140 TREASURE POINT ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S  
Name: HALL, GEORGE E  
Address: 2190 ARON DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: V  
Name: HALL, RUSSELL L  
Address: 1898 COMMODORE POINT ROAD  
City-St-Zip: ORANGE PARK, FL 32003

Title: VP  
Name: GOODBREAD, ROBERT L  
Address: 2130 TREASURE POINT ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: ROBERT L. GOODBREAD

VP

01/22/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date