

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000117514

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: NURSERY LANE TREE FARM, INC.

**Current Principal Place of Business:**

6216 92ND RD SO  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 740266  
BOYNTON BEACH, FL 33474

**New Mailing Address:**

FEI Number: 20-3345393      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ANDREWS, TOM  
9 SW 13TH STREET  
FT LAUDERDALE, FL 33315      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      ( ) Delete  
Name: STEWART, JOHN  
Address: 9 SW 13TH STREET  
City-St-Zip: FT LAUDERDALE, FL 33315

Title: VP      ( ) Delete  
Name: SUETTA, STEWART  
Address: 9 SW 13TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VP      ( ) Delete  
Name: NANCY, DAVIDSON  
Address: 9 SW 13TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33315

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUETTA A. STEWART

VP

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date