

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110270

Entity Name: HJA NURSERY, INC.

FILED  
Apr 13, 2009  
Secretary of State

## Current Principal Place of Business:

3808 61ST STREET EAST  
PALMETTO, FL 34221 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 243  
ELLENTON, FL 34222 US

## New Mailing Address:

FEI Number: 26-1205400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, AIMEE L  
5733 115TH DRIVE EAST  
PARRISH, FL 34219 US

## Name and Address of New Registered Agent:

SMITH, AIMEE L  
12568 30TH ST CIR E  
PARRISH, FL 34219 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: AIMEE L SMITH

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, MICHAEL R  
Address: 5733 115TH DRIVE EAST  
City-St-Zip: PARRISH, FL 34219 US

Title: VP ( ) Delete  
Name: SMITH, AIMEE L  
Address: 5733 115TH DRIVE EAST  
City-St-Zip: PARRISH, FL 34219 US

Title: TRE (X) Delete  
Name: SMITH, MICHAEL R  
Address: 5733 115TH DRIVE EAST  
City-St-Zip: PARRISH, FL 34219 US

Title: SEC (X) Delete  
Name: SMITH, AIMEE L  
Address: 5733 115TH DRIVE EAST  
City-St-Zip: PARRISH, FL 34219 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SMITH, MICHAEL R  
Address: 12568 30TH ST CIR E  
City-St-Zip: PARRISH, FL 34219 US

Title: VP (X) Change ( ) Addition  
Name: SMITH, AIMEE L  
Address: 12568 30TH ST CIR E  
City-St-Zip: PARRISH, FL 34219 US

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: AIMEE L SMITH

VP

04/13/2009

Electronic Signature of Signing Officer or Director

Date