

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028802

FILED
Feb 11, 2009
Secretary of State

Entity Name: CORAL SPRINGS NURSERY, INC.

Current Principal Place of Business:

9300 WILES ROAD
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

9300 WILES ROAD
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 65-0740113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHER, STEVEN P CPA
300 S PINE ISLAND RD
STE 110
FORT LAUDERDALE, FL 33324 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: BOWMAN, DANIEL J.
Address: 9677 NW 1ST PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ST () Delete
Name: BOWMAN, JOANNE S
Address: 9677 NW 1ST PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOANNE S. BOWMAN

ST

02/11/2009

Electronic Signature of Signing Officer or Director

Date