

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 452136

**Entity Name:** BERNECKER'S NURSERY, INC.

**Current Principal Place of Business:**

16900 S.W. 216TH STREET  
GOULDS, FL 33170

**Current Mailing Address:**

PO BOX 913  
WAXAHACHIE, TX 75168

**FEI Number:** 59-1539969

**Certificate of Status Desired:** No

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

PAMELA HATHAWAY, CPA  
5221 SW 38 WAY  
FT. LAUDERDALE, FL 33312 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PDST  
Name BERNECKER, ROBERT G  
Address 16900 SOUTHWEST 216TH STREET  
City-State-Zip: MIAMI FL 33170

*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 BERNECKER, PRES.

PRES.

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date