

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H22702

**Entity Name:** HANSON NURSERY, INC.

**Current Principal Place of Business:**

10550 GRIFFIN ROAD  
COOPER CI, FL 33328

**Current Mailing Address:**

5921 W. BROWARD BLVD.  
PLANTATION, FL 33317 US

**FEI Number:** 59-2453910

**Certificate of Status Desired:** No

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

HANSON, JOHN ADP  
5921 W BROWARD BLVD  
PLANTATION, FL 33317 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            PRESIDENT  
Name            HANSON, JOHN A  
Address        5921 W. BROWARD BLVD.  
City-State-Zip: PLANTATION FL 33317

Title            VP  
Name            HANSON, ARLINE M  
Address        5921 W. BROWARD BLVD.  
City-State-Zip: PLANTATION FL 33317

Title            TREASURER  
Name            HANSON, JOHN B  
Address        5921 W. BROWARD BLVD.  
City-State-Zip: PLANTATION FL 33317

Title            EXECUTIVE SECRETARY  
Name            HANSON, ELLEN D  
Address        5921 W. BROWARD BLVD.  
City-State-Zip: PLANTATION FL 33317

*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:** JOHN A HANSON

**PRESIDENT**

**01/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date