## 2016 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:

Title

Electronic Signature of Registered Agent

Date

**FILED** Jan 21, 2016

**Secretary of State** 

CC4562870048

## Officer/Director Detail:

**TREASURER** 

Title **PRESIDENT** Title VΡ

HANSON, JOHN A Name HANSON, ARLINE M Name

5921 W. BROWARD BLVD. Address 5921 W. BROWARD BLVD. Address

City-State-Zip:

Title

PLANTATION FL 33317

**EXECUTIVE SECRETARY** 

City-State-Zip: PLANTATION FL 33317

Name HANSON, ELLEN D Name HANSON, JOHN B

Address 5921 W. BROWARD BLVD. Address 5921 W. BROWARD BLVD. PLANTATION FL 33317 City-State-Zip: 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** 

Electronic Signature of Signing Officer/Director Detail

01/21/2016 Date