

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000071442

**Entity Name:** CASTLE ROCK NURSERY, INC.

**Current Principal Place of Business:**

20390 SW 344 ST  
HOMESTEAD, FL 33034

**Current Mailing Address:**

20390 SW 344 ST  
HOMESTEAD, FL 33034

**FEI Number:** 65-1030868

**Certificate of Status Desired:** No

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

LOSNER, STEVEN D  
65 N.W. 16TH STREET  
HOMESTEAD, FL 33030 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	DP	Title	ST
Name	NEWTON, ROGER W	Name	HILSON, DEBRA J
Address	20390 SW 344 ST.	Address	31500 SW 187 AVE.
City-State-Zip:	HOMESTEAD FL 33034	City-State-Zip:	HOMESTEAD FL 33030

*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:** ROGER W NEWTON

DP

04/23/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date