

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000116652

**Entity Name:** A. K. NURSERY INC.

**Current Principal Place of Business:**

A.K. NURSERY, INC.  
2454 W. KELLY PARK RD  
APOPKA, FL 32712

**Current Mailing Address:**

A.K. NURSERY, INC.  
2454 W. KELLY PARK RD  
APOPKA, FL 32712

**FEI Number:** 59-3722587

**Certificate of Status Desired:** No

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

PARK, TAE W  
2454 W KELLY PARK ROAD  
APOPKA, FL 32712 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  
Name PARK, SEUNG M  
Address 2454 W KELLY PARK RD  
City-State-Zip: APOPKA FL 32712

Title DVP  
Name PARK, TAE W  
Address 2454 W KELLY PARK RD  
City-State-Zip: APOPKA FL 32712

Title D  
Name PARK, EUN K  
Address 2454 W KELLY PARK RD.  
City-State-Zip: APOPKA FL 32712

*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:** PARK, TAE W

V.P

02/21/2013

Electronic Signature of Signing Officer/Director Detail

Date