2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 014018

Entity Name: MELROSE NURSERY, INC.

Current Principal Place of Business:

26100 SW 112 AVE
HOMESTEAD, FL 33032 US

New Principal Place of Business:

Current Mailing Address:

26100 SW 112 AVE
HOMESTEAD, FL 33032 US

New Mailing Address:

FEI Number: 59-0356195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRITZ, JOHN C
10950 SW 27TH ST.
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

FRITZ, JEFFREY E
26100 S W 112 AVE
HOMESTEAD, FL 33032 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: JEFFREY E. FRITZ 04/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FRITZ, JOHN C
Address: 26100 SW 112 AVE
City-St-Zip: HOMESTEAD, FL 33032 US

Title: TD ( ) Delete
Name: FRITZ, JOYCE W
Address: 26100 SW 112 AVE
City-St-Zip: HOMESTEAD, FL 33032 US

Title: SD ( ) Delete
Name: FRITZ, JACK S
Address: 26100 SW 112 AVE
City-St-Zip: HOMESTEAD, FL 33032 US

Title: TD (X) Delete
Name: FRITZ, JEFFREY E
Address: 26100 SW 112 AVE
City-St-Zip: HOMESTEAD, FL 33032 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FRITZ, JEFFREY E
Address: 26100 SW 112 AVE
City-St-Zip: HOMESTEAD, FL 33032 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFFREY E. FRITZ PD 04/21/2009
Electronic Signature of Signing Officer or Director Date