

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 150309

FILED
Apr 27, 2009
Secretary of State

Entity Name: BLASER'S NURSERIES, INC.

Current Principal Place of Business:

1315 QUAIL DR
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

1315 QUAIL DR
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 59-0573472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLASER, PATRICIA C PRES.
1315 QUAIL DRIVE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLASER, PATRICIA C
Address: 1315 QUAIL DR.
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: JOHNSON, ROBERT
Address: 27 SOUTH ORANGE AVE
City-St-Zip: SARASOTA, FL

Title: ST () Delete
Name: BLASER, PATRICIA A
Address: 1315 QUAIL DRIVE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: JOHNSON, ROBERT
Address: ONE NORTH TUTTLE AVENUE
City-St-Zip: SARASOTA, FL 34237 US

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: PATRICIA C BLASER

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date