

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 317345

FILED
Apr 20, 2007
Secretary of State

Entity Name: SHORE ACRES NURSERY, INC.

Current Principal Place of Business:

3200 TINDALL ACRES ROAD
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

3200 TINDALL ACRES ROAD
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 59-1168226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, JR., ROBERT D PDC
5303 JESSAMINE LANE
ORLANDO, FL 32839 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: PDC () Delete
Name: MITCHELL, JR., ROBERT D PDC
Address: 5303 JESSAMINE LANE
City-St-Zip: ORLANDO, FL 32839

Title: VP () Delete
Name: BAZEMORE, ROBYN M VP
Address: 5999 LAKEPOINT DRIVE # 608
City-St-Zip: ORLANDO, FL 32822

Title: STD () Delete
Name: MITCHELL, HELEN W STD
Address: 5303 JESSAMINE LANE
City-St-Zip: ORLANDO, FL 32839

Title: CPA () Delete
Name: MALOY, J. RICK CPA
Address: 5307 JESSAMINE LANE
City-St-Zip: ORLANDO, FL 32839

Title: VPS () Delete
Name: STEVENS, ELIZABETH M VPS
Address: 800 OAK SHORE DR
City-St-Zip: ST CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: ROBERT D. MITCHELL, JR.

PDC

04/20/2007

Electronic Signature of Signing Officer or Director

Date