2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 317345

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
4612 GREEN GLEN CT.
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: 4612 GREEN GLEN CT.
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: 4612 GREEN GLEN CT.
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 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: ROBYN M. BAZEMORE V.P. 04/24/2009

Electronic Signature of Signing Officer or Director Date