

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 356060

Entity Name: ROBERT'S NURSERY, INC.

FILED  
Jan 14, 2008  
Secretary of State

## Current Principal Place of Business:

411 KINGSWAY ROAD  
P.O. BOX 38  
SEFFNER, FL 33584

## Current Mailing Address:

P.O. BOX 38  
SEFFNER, FL 33583

## New Principal Place of Business:

411 KINGSWAY ROAD  
411 N. KINGSWAY ROAD  
SEFFNER, FL 33584

## New Mailing Address:

FEI Number: 59-1275120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROGERS, ROBERT  
411 KINGSWAY ROAD  
SEFFNER, FL 33584 US

## Name and Address of New Registered Agent:

ROGERS, ROBERT  
411 N. KINGSWAY ROAD  
SEFFNER, FL 33584 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:

01/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROGERS, ROBERT,  
Address: PO BOX 38  
City-St-Zip: SEFFNER, FL 33583

Title: T ( ) Delete  
Name: ROGERS, MARY JANE,  
Address: PO BOX 38  
City-St-Zip: SEFFNER, FL 33583

Title: VD ( ) Delete  
Name: ROGERS, ROBERT JR.,  
Address: PO BOX 1800  
City-St-Zip: SEFFNER, FL 33583

Title: V ( ) Delete  
Name: ROGERS, MICHAEL,  
Address: PO BOX 2095  
City-St-Zip: SEFFNER, FL 33583

## 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:

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: ROBERT ROGERS JR

VP

01/14/2008

Electronic Signature of Signing Officer or Director

Date