

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 411380

Entity Name: LAKEVILLE NURSERY, INC

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

2690 LAKEVILLE ROAD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2690 LAKEVILLE ROAD
APOPKA, FL 32703

New Mailing Address:

6985 LAKE OLA DRIVE
MT. DORA, FL 32757

FEI Number: 59-1431208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGSETTE, ROBERT R. III
2690 LAKEVILLE ROAD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

HOGSETTE, ROBERT R. III
2698 LAKEVILLE ROAD
APOPKA, FL 32703 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:

02/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOGSETTE, ROBERT R., III
Address: 2690 LAKEVILLE ROAD
City-St-Zip: APOPKA, FL

Title: VPS () Delete
Name: WHITE, LINDA N.
Address: 2690 LAKEVILLE RD
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: WHITE, LINDA N.
Address: 2690 LAKEVILLE ROAD
City-St-Zip: APOPKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOGSETTE, ROBERT R., III
Address: 2698 LAKEVILLE ROAD
City-St-Zip: APOPKA, FL

Title: VPS (X) Change () Addition
Name: WHITE, LINDA N.
Address: 6985 LAKE OLA DRIVE
City-St-Zip: MT. DORA, FL 32757

Title: D (X) Change () Addition
Name: WHITE, LINDA N.
Address: 6985 LAKE OLA DRIVE
City-St-Zip: MT. DORA, FL 32757

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: LINDA N. WHITE

VP

02/23/2009

Electronic Signature of Signing Officer or Director

Date