

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 415716

Entity Name: TAPPAN NURSERIES, INC.

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

30902 TAYLOR GRADE ROAD  
DUETTE, FL 342195942 US

**New Principal Place of Business:**

**Current Mailing Address:**

30902 TAYLOR GRADE ROAD  
DUETTE, FL 342195942 US

**New Mailing Address:**

FEI Number: 59-1433653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAPPAN, FELICIA J  
30902 TAYLOR GRADE ROAD  
DUETTE, FL 342195942 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TAPPAN, FELICIA J  
Address: 30902 TAYLOR GRADE ROAD  
City-St-Zip: DUETTE, FL 342195942 US

Title: STDV  
Name: TAPPAN, FELICIA J  
Address: 30902 TAYLOR GRADE ROAD  
City-St-Zip: DUETTE, FL 342195942 US

Title: D  
Name: TAPPAN, WADE A  
Address: 30902 TAYLOR GRADE ROAD  
City-St-Zip: DUETTE, FL 342195942 US

I hereby 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 all other like empowered.

SIGNATURE: FELICIA J TAPPAN

PD

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date