

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 435851

FILED
Apr 11, 2012
Secretary of State

Entity Name: NAUGLE'S NURSERY, INC.

Current Principal Place of Business:

5001 S. W. 82ND AVENUE
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

5001 S. W. 82ND AVENUE
DAVIE, FL 33328

New Mailing Address:

FEI Number: 59-1488799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OWENS, MICHAEL A
5001 S W 82ND AVENUE
DAVIE, FL 33328 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: CEO
Name: NAUGLE, LUZ R
Address: 8240 SW 48TH CT
City-St-Zip: FT. LAUDERDALE, FL 33328

Title: P
Name: OWENS, MICHAEL A
Address: 1907 NW 98 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S
Name: NAUGLE, JOHN D
Address: 8220 SW 48 CT
City-St-Zip: DAVIE, FL 33328

Title: C
Name: NAUGLE, LUZ R CHAIR
Address: 8240 SW 48 CT
City-St-Zip: DAVIE, FL 33328

Title: D
Name: NAUGLE, JOHN D DIR
Address: 8220 SW 48 CT
City-St-Zip: DAVIE, FL 33328

Title: D
Name: OWENS, MICHAEL A DIR
Address: 1907 NW 98 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

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: MICHAEL A OWENS

P

04/11/2012

Electronic Signature of Signing Officer or Director

Date