

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 449361

FILED
Apr 18, 2011
Secretary of State

Entity Name: SHADOWLAWN NURSERY, INC.

Current Principal Place of Business:

1845 TOWN CENTER BLVD
STE 105
ORANGE PARK, FL 32003 US

New Principal Place of Business:

Current Mailing Address:

1845 TOWN CENTER BLVD
STE 105
ORANGE PARK, FL 32003 US

New Mailing Address:

FEI Number: 59-1562894 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURNETTE, LEAH
1845 TOWN CENTER BLVD
STE 105
ORANGE PARK, FL 32003 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: EGAN, GEORGE
Address: 1845 TOWN CENTER BLVD STE 105
City-St-Zip: ORANGE PARK, FL 32003

Title: VSTD
Name: BURNETTE, LEAH
Address: 1845 TOWN CENTER BLVD STE 105
City-St-Zip: ORANGE PARK, FL 32003

Title: VD
Name: MURPHY, COOPER
Address: 1845 TOWN CENTER BLVD, STE 105
City-St-Zip: ORANGE PARK, FL 32003

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: LEAH BURNETTE

_____ Electronic Signature of Signing Officer or Director

VSTD

04/18/2011

_____ Date