

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 449361

FILED  
Feb 23, 2012  
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

VST

02/23/2012

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

\_\_\_\_\_  
Date