

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567894

FILED
Apr 09, 2009
Secretary of State

Entity Name: REDLAND NURSERY, INC.

Current Principal Place of Business:

18455 S.W. 264 STREET
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

18455 S.W. 264 STREET
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 59-1806749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMOTT, JOHN C.
18455 S.W. 264 STREET
HOMESTEAD, FL US

Name and Address of New Registered Agent:

DEMOTT, JOHN C.
18455 S.W. 264 STREET
HOMESTEAD, FL 33031 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:

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEMOTT, JOHN C.
Address: 18455 S.W. 264 ST.
City-St-Zip: HOMESTEAD, FL

Title: STD () Delete
Name: DEMOTT, JOE CAROLYN
Address: 18455 S.W. 264 ST.
City-St-Zip: HOMESTEAD, FL

Title: VD () Delete
Name: DEMOTT, RAYMOND
Address: 18455 S.W. 264 ST.
City-St-Zip: HOMESTEAD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEMOTT, JOHN C.
Address: 18455 S.W. 264 ST.
City-St-Zip: HOMESTEAD, FL 33031 US

Title: STD (X) Change () Addition
Name: DEMOTT, JOE CAROLYN
Address: 18455 S.W. 264 ST.
City-St-Zip: HOMESTEAD, FL 33031 US

Title: VD (X) Change () Addition
Name: DEMOTT, RAYMOND
Address: 18455 S.W. 264 ST.
City-St-Zip: HOMESTEAD, FL 33031 US

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: CAROLYN G. DEMOTT

STD

04/09/2009

Electronic Signature of Signing Officer or Director

Date