

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 567894

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** REDLAND NURSERY, INC.

**Current Principal Place of Business:**

18455 S.W. 264TH ST.  
HOMESTEAD, FL 33031

**New Principal Place of Business:**

**Current Mailing Address:**

18455 S.W. 264TH ST.  
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. 264TH ST.  
HOMESTEAD, FL 33031 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: DEMOTT, JOHN C.  
Address: 18455 S.W. 264TH ST.  
City-St-Zip: HOMESTEAD, FL 33031 US

Title: STD  
Name: DEMOTT, JOE CAROLYN  
Address: 18455 S.W. 264TH ST.  
City-St-Zip: HOMESTEAD, FL 33031 US

Title: VD  
Name: DEMOTT, RAYMOND  
Address: 18455 S.W. 264TH ST.  
City-St-Zip: HOMESTEAD, FL 33031 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: JOHN C. DEMOTT

PD

02/09/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date