

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654485

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: TRAIL RIDGE NURSERY, INC.

**Current Principal Place of Business:**

6768 TIMBERLANE DR  
KEYSTONE HTS, FL 326568889 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 967  
KEYSTONE HTS, FL 326560967 US

**New Mailing Address:**

FEI Number: 59-2012049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWELL, PAUL D., ESQ.  
12 LAWRENCE BLVD., P.O. BOX 654  
THE NEWELL BLDG.  
KEYSTONE HEIGHTS, FL 32656 US

**Name and Address of New Registered Agent:**

NEWELL, PAUL D., ESQ.  
12 LAWRENCE BLVD  
THE NEWELL BLDG  
KEYSTONE HEIGHTS, FL 32656 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:

01/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BYRNES, ROBERT L.,  
Address: 6813 IMMOKALEE RD  
City-St-Zip: KEYSTONE HTS, FL

Title: VST ( ) Delete  
Name: BYRNES, LINDA J.,  
Address: 6813 IMMOKALEE RD  
City-St-Zip: KEYSTONE HTS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT L. BYRNES

PRES

01/11/2009

Electronic Signature of Signing Officer or Director

Date