

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 677896

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3404 W. OAKELLAR AVE.  
TAMPA, FL 33611 US

**New Principal Place of Business:**

**Current Mailing Address:**

3404 W. OAKELLAR AVE.  
TAMPA, FL 33611 US

**New Mailing Address:**

**FEI Number:** 59-2252568      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

COVINGTON, JOYCE  
702 B. WEST BAY ST  
TAMPA, FL 33606 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: P  
Name: COVINGTON, JOYCE C.  
Address: 702B W. BAY ST  
City-St-Zip: TAMPA, FL 33606

Title: VS  
Name: COVINGTON, DOUGLAS L  
Address: 702B W. BAY ST  
City-St-Zip: TAMPA, FL 33606

Title: VP  
Name: COVINGTON, CINDY  
Address: 702B W. BAY ST  
City-St-Zip: TAMPA, FL 33606

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: DOUGLAS L. COVINGTON

VS

04/07/2011

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

\_\_\_\_\_  
Date