

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04366

FILED
Apr 20, 2011
Secretary of State

Entity Name: HIGHWOODS NURSERY, INC.

Current Principal Place of Business:

144 N. RIFLE RANGE RD
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

144 N. RIFLE RANGE RD
WINTER HAVEN, FL 33880

New Mailing Address:

PO BOX 52
HORSESHOE BEACH, FL 32648

FEI Number: 59-2042434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHNKE, MICHAEL A.
144 N. RIFLE RANGE ROAD
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

BEHNKE, MICHAEL A.
190 10TH AVE. WEST
HORSESHOE BEACH, FL 32648 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: _____

Electronic Signature of Registered Agent

04/20/2011

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BEHNKE, MICHAEL A.
Address: 144 N. RIFLE RANGE RD.
City-St-Zip: WINTER HAVEN, FL 33880

Title: STD
Name: BEHNKE, JOY C.
Address: 144 N. RIFLE RANGE RD,
City-St-Zip: WINTER HAVEN, FL 33880

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: MICHAEL A BEHNKE

Electronic Signature of Signing Officer or Director

PD

04/20/2011

Date