# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 15, 2011**
**Secretary of State**

DOCUMENT# F22702

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

**Current Principal Place of Business:**

10779 S.W. CITRUS BLVD
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

10779 S.W. CITRUS BLVD
PALM CITY, FL 34990 US

**New Mailing Address:**

**FEI Number: 59-2102878** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ROBINSON, TERRY K.
4920 SW 195 TR
FORT LAUDERDALE, FL 33332 US

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

ROBINSON, TERRY K.
605 HOWARD CREEK LANE
STUART, FL 34994 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: _____ 02/15/2011
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PDS
Name: ROBINSON, TERRY K
Address: 605 HOWARD CREEK LANE
City-St-Zip: STUART, FL 34994 US

Title: T
Name: ROBINSON, SHARON L
Address: 4920 SW 195TH TERR
City-St-Zip: FT LAUDERDALE FL,

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: TERRY K ROBINSON P 02/15/2011
Electronic Signature of Signing Officer or Director — Date