2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# F63264

Entity Name: MCLAUGHLIN'S GARDEN CITY NURSERY INC.

Current Principal Place of Business:

16340 OLD US HWY 41 S
FT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

16340 OLD HWY 41 S
16340 OLD US 41 S
FT MYERS, FL 33912 US

New Mailing Address:

16340 OLD US HWY 41 S
FT MYERS, FL 33912 US

FEI Number: 59-2160006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLAUGHLIN, TERRENCE J.
16340 OLD US 41 S
FT MYERS, FL 33912 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCLAUGHLIN, TERRENCE, J
Address: 16340 OLD US HWY 41 SOUTH
City-St-Zip: FORT MYERS, FL

Title: ST ( ) Delete
Name: MCLAUGHLIN, THOMAS J,
Address: 16340 OLD US 41 S
City-St-Zip: FT MYERS, FL 00000,

Title: VP ( ) Delete
Name: SAPP, MARGARET
Address: 16340 OLD US 41 SOUTH
City-St-Zip: FORT MYERS, FL

Title: V ( ) Delete
Name: MCLAUGHLIN, TIMOTHY
Address: 16340 OLD US HWY 41
City-St-Zip: FORT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: TERRENCE J. MCLAUGHLIN PRES 04/28/2008
Electronic Signature of Signing Officer or Director Date