

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F63264

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**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 US HWY 41 S  
FT MYERS, FL 33912 US

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

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

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

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

**Title:** V  
**Name:** MCLAUGHLIN, TIMOTHY  
**Address:** 16340 OLD US HWY 41  
**City-St-Zip:** FORT MYERS, 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:** TERRENCE J MCLAUGHLIN

PRES

04/21/2011

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

\_\_\_\_\_  
Date