

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F66302

FILED
May 14, 2009
Secretary of State

Entity Name: Q. MITCHELL NURSERY, LANDSCAPING, WELLS & SPRINKLERS, INC.

Current Principal Place of Business:

2816 W. SUNRISE BLVD.
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2816 W. SUNRISE BLVD.
FT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 59-2389720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, QUILONE
3041 N.W. 5 COURT
FT LAUDERDALE, FL 33311 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MITCHELL, QUILONE
Address: 3041 N.W. 5 COURT
City-St-Zip: FT LAUDERDALE, FL

Title: VD () Delete
Name: MITCHELL, MICHAEL
Address: 2936 NW 8TH PLACE
City-St-Zip: FT LAUDERDALE, FL

Title: STD () Delete
Name: BROWN, ALTHMEASE M
Address: 2936 NW 8TH PLACE
City-St-Zip: FT LAUDERDALE, 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:

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: ALTHMEASE M BROWN

STD

05/14/2009

Electronic Signature of Signing Officer or Director

_____ Date