

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90088 001 ***300.00

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1. Entity Name

HINES NURSERIES, INC.



Principal Place of Business

12621 JEFFREY RD.
IRVINE CA 92620

Mailing Address

12621 JEFFREY RD.
IRVINE CA 92620

66001842



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

33-0411319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERGERSON, ROBERT A	
STREET ADDRESS	1264 JEFFREY ROAD	
CITY-ST-ZIP	IRVINE CA 92620	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	PIEROPAN, CLAUDIA	
STREET ADDRESS	12621 JEFFREY ROAD	
CITY-ST-ZIP	IRVINE CA 92620	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, DOUGLAS D	
STREET ADDRESS	12621 JEFFREY RD.	
CITY-ST-ZIP	IRVINE CA 92620	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, PAUL R	
STREET ADDRESS	12621 JEFFREY RD.	
CITY-ST-ZIP	IRVINE CA 92620	
TITLE	D	<input type="checkbox"/> Delete
NAME	REUSCHE, THOMAS R	
STREET ADDRESS	12621 JEFFREY RD.	
CITY-ST-ZIP	IRVINE CA 92620	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst Corporate Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robertson, Bill	
STREET ADDRESS	12621 Jeffrey Road	
CITY-ST-ZIP	Irvine, CA 92620	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05

Date

949-936-8404

Daytime Phone #