

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90023 043 \*\*\*150.00

**DOCUMENT # F94000004327**

1. Entity Name

HINES NURSERIES, INC.



Principal Place of Business  
12621 JEFFREY RD.  
IRVINE CA 92620

Mailing Address  
12621 JEFFREY RD.  
IRVINE CA 92620



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

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

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FERGERSON, ROBERT A ☐ Delete  
STREET ADDRESS 1264 JEFFREY ROAD  
CITY- ST- ZIP IRVINE CA 92620

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE CFO  
NAME PIEROPAN, CLAUDIA ☐ Delete  
STREET ADDRESS 12621 JEFFREY ROAD  
CITY- ST- ZIP IRVINE CA 92620

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D  
NAME ALLEN, DOUGLAS D ☒ Delete  
STREET ADDRESS 12621 JEFFREY RD.  
CITY- ST- ZIP IRVINE CA 92620

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D  
NAME WOOD, PAUL R ☐ Delete  
STREET ADDRESS 12621 JEFFREY RD.  
CITY- ST- ZIP IRVINE CA 92620

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D  
NAME REUSCHE, THOMAS R ☐ Delete  
STREET ADDRESS 12621 JEFFREY RD.  
CITY- ST- ZIP IRVINE CA 92620

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ACS  
NAME ROBERTSON, BILL ☐ Delete  
STREET ADDRESS 12621 JEFFREY ROAD  
CITY- ST- ZIP IRVINE CA 92620

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/07

949-936-8404