

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G11925

FILED  
Mar 08, 2009  
Secretary of State

Entity Name: LAKE CYPRESS NURSERY, INC.

## Current Principal Place of Business:

9601 SEIDEL RD.  
WINTER GARDEN, FL 34787

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 770429  
P.O. BOX 429  
WINTER GARDEN, FL -47770429 US

## New Mailing Address:

P O BOX 770429  
P.O. BOX 429  
WINTER GARDEN, FL 347770429 US

FEI Number: 59-2243594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FICQUETTE, ROBERT W  
7 EAST DIVISION ST  
WINTER GARDEN, FL 32787 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: D ( ) Delete  
Name: FICQUETTE, JOHN D,  
Address: STATE ROAD 545, P.O. BOX 429  
City-St-Zip: WINTER GARDEN, FL 00000,

Title: D ( ) Delete  
Name: FICQUETTE, THOMAS H,  
Address: STATE ROAD 545, P.O. BOX 429  
City-St-Zip: WINTER GARDEN, FL 00000,

Title: DP ( ) Delete  
Name: FICQUETTE, ROBERT W,  
Address: STATE ROAD 545, P.O. BOX 429  
City-St-Zip: WINTER GARDEN, FL 00000,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FICQUETTE, JOHN D,  
Address: STATE ROAD 545, P.O. BOX 429  
City-St-Zip: WINTER GARDEN, FL 347770429 US

Title: D (X) Change ( ) Addition  
Name: FICQUETTE, THOMAS H,  
Address: STATE ROAD 545, P.O. BOX 429  
City-St-Zip: WINTER GARDEN, FL 347770429 US

Title: DP (X) Change ( ) Addition  
Name: FICQUETTE, ROBERT W,  
Address: STATE ROAD 545, P.O. BOX 429  
City-St-Zip: WINTER GARDEN, FL 347770429 US

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: ROBERT W. FICQUETTE

DP

03/08/2009

Electronic Signature of Signing Officer or Director

Date