

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G11925

FILED
Mar 15, 2011
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 347770429 US

New Mailing Address:

P O BOX 770429
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

OFFICERS AND DIRECTORS:

Title: D
Name: FICQUETTE, JOHN D
Address: STATE ROAD 545, P.O. BOX 770429
City-St-Zip: WINTER GARDEN, FL 347770429 US

Title: D
Name: FICQUETTE, THOMAS H
Address: STATE ROAD 545, P.O. BOX 770429
City-St-Zip: WINTER GARDEN, FL 347770429 US

Title: DP
Name: FICQUETTE, ROBERT W
Address: STATE ROAD 545, P.O. BOX 770429
City-St-Zip: WINTER GARDEN, FL 347770429 US

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: ROBERT W. FICQUETTE

RA/D

03/15/2011

Electronic Signature of Signing Officer or Director

Date