

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G32188

FILED
Jan 07, 2009
Secretary of State

Entity Name: SEARLE BROTHERS NURSERY, INC.

Current Principal Place of Business:

6640 SW 172 AVE
FT LAUDERDALE, FL 33331 US

New Principal Place of Business:

6640 SW 172 AVE
S.W. RANCHES, FL 33331 US

Current Mailing Address:

6640 S.W. 172 AVE
FT. LAUDERDALE, FL 33331 US

New Mailing Address:

6640 SW 172 AVE
S.W. RANCHES, FL 33331 US

FEI Number: 59-2298857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEARLE, FRANCIS M
3187 BEECHBERRY CIRCLE
DAVIE, FL 33328 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: PD () Delete
Name: SEARLE, FRANCIS M
Address: 3187 BEECHBERRY CIRCLE
City-St-Zip: DAVIE, FL

Title: V () Delete
Name: SEARLE, JEFFREY
Address: 18200 SW 52 LN
City-St-Zip: S.W. RANCHES, FL 33331

Title: T () Delete
Name: SEARLE, LARRY
Address: 14847 SW 34 ST.
City-St-Zip: DAVIE, FL

Title: S () Delete
Name: SEARLE, ALAN
Address: 3187 BEECHBERRY CIRCLE
City-St-Zip: DAVIE, 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:

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: LARRY SEARLE

T

01/07/2009

Electronic Signature of Signing Officer or Director

Date