2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G43280

City-St-Zip:

LONGWOOD, FL 32750

Entity Name: BRANCHING OUT NURSERIES, INC.

FILED Mar 07, 2007 Secretary of State

Current I	Principal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
245 HILLTOP DR LONGOWOOD, FL 32750				878 OSTEEN CEMETERY RD DELTONA, FL 32738	
Current I	Mailing Addre	ss:	New Mailing Addres	New Mailing Address:	
245 HILLTOP DR LONGOWOOD, FL 32750				878 OSTEEN CEMETERY RD. DELTONA, FL 32738	
FEI Numbe	r: 59-2283066	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
475 S PR	, SHARON C ESSVIEW AVE DOD, FL 32750				
	e named entity te of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATL	JRE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	ampaign Financir	g Trust Fund Contribution ().			
OFFICER	RS AND DIREC	CTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PD (HUEGEL, SHA 475 S. PRESS		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHARON C. HUEGEL PRES 03/07/2007