

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G65749

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** PENANG NURSERY, INC.

**Current Principal Place of Business:**

4720 PLYMOUTH SORRENTO RD.  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1658  
APOPKA, FL 32704 US

**New Mailing Address:**

**FEI Number:** 59-2347459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LO, MARY C  
261 LIVERPOOL COVE  
LONGWOOD, FL 32779 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: P  
Name: LO, CHIA-TON  
Address: 261 LIVERPOOL COVE  
City-St-Zip: LONGWOOD, FL 32779

Title: VST  
Name: LO, MARY C.  
Address: 261 LIVERPOOL COVE  
City-St-Zip: LONGWOOD, FL 32779

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: MARY C. LO

VST

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date